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ABSTRACT

Nearly 150 abstracts have been included in this annotated bibliography; its purpose has been to scan the voluminous number of documents on the problem of drug addiction in order to summarize the present state of knowledge on narcotic addiction and on methods for its treatment and control. The literature reviewed has been divided into the following twelve categories: definition of addiction; classification and census of addicts; characteristics of addicts, both adults and adolescents; treatment and rehabilitation programs, including imprisonment, hospitalization, institutional group counseling, and mutual aid organizations for ex-addicts; probation and parole; case histories and popular articles; law and enforcement; general works; state programs; international aspects; on-going projects; and addenda. The publication also includes synopses of the content in each of the first five categories. (Author/SES)

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Annotated Bibliography of Literature on Narcotic Addiction

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ANNOTATED BIBLIOGRAPHY

OF LITERATURE ON

NARCOTIC ADDICTION

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Federal Bureau of Prisons

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April 1968

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This annotated bibliography has an interesting history. It was started Sept. 7, 1967 when I was an employee of the U. S. Department of Justice, Bureau of Prisons, Research Department, and an initial draft was completed by October 27, 1967, a few days before I became an employee of the Division of Research of the New York State Narcotic Addiction Control Commission. The purpose of the bibliography, was to scan the literature to summarize the present state of knowledge on narcotic addiction, and on methods for its treatment and control.

Much help and assistance was given to me by: Mrs. Louise Mackenzie and Miss Priscilla Doucette, Federal Bureau of Prisons librarians; and by Robert Weber, Mrs. Eleanor Holt, and Miss Armine Dikijian of the National Council on Crime and Delinquency. At Dr. Glaser's suggestion, Section I - Definition of Addiction - was considerably elaborated.

Introduction

The amount of literature on drug addiction, drug addicts, and their characteristics is staggering. The problem of drug addiction, its causes, and its cure has generated much interest, speculation, research, and discussion in the medical and social sciences.

The immensity of this literature is indicated in Appendix A-1 of the President's Commission on Law Enforcement and Administration of Justice Task Force Report: Narcotics and Drug Abuse, which states: "In our work to date we have reviewed the following reference sources: The abstract library of the Psycho-Pharmacology Project at Stanford (consisting of some 1,600 article reviews derived from continuing scientific literature surveys)...We have also referred to other bibliographical compilations, to references in primary sources, and have, of course, read all the primary sources available. In addition, we have addressed inquiries to several dozens of investigators, institutions, and agencies interested in dangerous behavior and drug use and met with as many workers in the field as possible."[1]

I have abstracted almost 100 books and articles for this bibliography, and have had additional help from NCCD who gave us permission to use about 50 abstracts that were written and compiled by their Information Center under

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[1]President's Commission on Law Enforcement and Administration of Justice, Task Force Report: Narcotics and Drug Abuse, Washington, D. C., U.S. Government Printing Office, 1967, p. 22.

contract with and published by the National Clearing House for Mental Health Information, Washington, D. C. These abstracts can be identified by a number in parenthesis after the annotation, to indicate the number under which the abstract can be found in the "Crime and Delinquency Abstracts."

The literature reviewed has been divided into the following 12 categories, but even though each book or article has been placed into a certain category, many could have been classified under more than one category.

I. Definition of Addiction.

II. Classification and Census of Addicts.

III. Characteristics of addicts.

1. Adults

2. Teenage and Adolescents

IV. Treatment and Rehabilitation Programs.

V. Probation and Parole.

VI. Case Histories and Popular Articles.

VII. Law and Enforcement.

VIII. General Works.

IX. State Programs.

X. International.

XI. On-Going Projects.

XII. Addenda.

Writers on narcotic addiction seem to be very prolific and eager to publish. Many essentially identical articles appear under the same or under a different title in different collected papers, symposia, and journals. Also, a substantial number of articles rehash old materials under new disguises, while some of the studies start with hypotheses of other studies and prove exactly what has already been clearly established. The amount of original work in the field of

narcotic addiction is much less than the volume of published material in this field. Therefore, this is a selective bibliography, designed to reduce the overlap one encounters in searching the total narcotics literature.

A Synopsis of the Content of the Literature in the Bibliography

I. Definition of Addiction

Experts in the field do not seem to be able to agree on a definition of drug addiction. Some drugs are addicting, and some persons are addicted by one definition, but not by another. In 1937, for example, Himmelsbach and Small had a concise definition which is as appropriate today as it was then. They stated:

> "Addiction to opium and similar drugs embraces three intimately related but distinct phenomena: (1) Tolerance; (2) Physical dependence; and (3) Habituation. Tolerance is defined as a diminishing effect on repetition of the same dose of the drug, or, conversely, a necessity to increase the dose to obtain an effect equivalent to the original dose when the drug is administered repeatedly over a period of time. Physical dependence refers to an altered physiologic state, brought about by the repeated administration of the drug over a long period of time, which necessitates the continued use of the drug to prevent the characteristic illness which is termed abstinence syndrome. Habituation refers to emotional, psychologic, or psychical dependence on the drug--the substitution of the drug for other types of adaptive behavior. Habituation is closely related to the drug's euphoric effect, i.e., relief of pain or emotional discomfort."[2]

In 1950, the World Health Organization Expert Committee on Addiction-Producing Drugs, recommended the following definition:

> "Drug addiction is a state of periodic or chronic intoxication, detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the dose; (3) a psychic (psychological and sometimes physical) dependence on the effects of the drug; and (4) a physical dependence requiring its presence for maintaining the individual's balance."[3]

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[2]C.K. Himmelsbach and L.F. Small, "Clinical Studies of Drug Addiction. II 'Rossium' Treatment of Drug Addiction. With a Report on the Chemistry of 'Rossium'," Supplement No. 125 to the Public Health Reports. Washington, D. C., U.S. Government Printing Office, 1937.

[3]Expert Committee on Drugs Liable to Produce Addiction. Second Report: World Health Organization Technical Report Series, No. 21. Geneva, Switzerland, World Health Organization, 1950.

This definition is not as specific as the one cited above because it had to include not only opiates, but all the drugs under international treaties. Additionally, the nature of drug addiction is still a controversial matter and not yet fully understood. This is an important fact to consider because opium and its derivatives have been used for thousands of years, and are among the medicines most generally used and prescribed by physicians.

Nowadays, almost every person uses drugs in one form or another, and this means that almost all of us can be labeled "drug user," yet we are not "addicts." Or are we?[4] At various times there have been suggestions to change the term "drug addiction" to "drug abuse" or "drug dependence." But these definitions are again not too precise and depend on judgments regarding such questions as: (a) How much of the drug is taken and how is the intake distributed? (b) Are these disapproved drugs (e.g., heroin instead of alcohol, marihuana instead of tranquilizers)? (c) Is the drug taken in an unapproved setting (e.g., an adolescent drinking wine with a gang rather than at the family dinner table, an adult taking amphetamines without his doctor's permission)? (d) When the person has taken drugs, does his behavior represent risks to himself or to others (e.g., crime, accidents, suicide, dependency, medical danger, etc.)?

We have to realize that "current evaluations of drug use by the public, by the mass media, and by some officials, are often emotional. The programs, laws, and recommendations that arise from these emotional responses may well be inappropriate if the steps taken do not match drug use realities." But, we know little about the extent of the use of any of the mind-altering drugs, about the characteristics of those using drugs, or "...about the effects of one or another program of control or cure, to make recommendations for

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[4]Following discussion is based on The President's Commission on Law Enforcement and Administration of Justice. Task Force Report: Narcotics and Drug Abuse, loc. cit., p. 23 ff.

prevention, control, or cure where there can be certainty about the results even if those recommendations were to be fully implemented."[5]

One of the difficulties of defining drug addiction is, to some extent, the fact that habituation, one of the three variables responsible, is difficult to define. Habituation can mean emotional, psychological, or physical dependence. According to Maurer and Vogel: "Great difficulty has been experienced by writers on the subject in distinguishing between habit-forming drugs or the drug habit, and addicting drugs or drug addiction. Habit-forming drugs are taken by most of us in one form or another, for instance, the caffeine taken in coffee; that caffeine is habit-forming can be easily established by talking to any number of coffee drinkers. However, no one would contend that coffee is an addicting drug, even though some individuals develop a considerable emotional dependence on it, especially early in the morning."[6]

Eddy, et al., relate in their 1965 article, that the World Health Organization recommended that in lieu of "addiction" the word "drug dependence" be used with an explanatory note on the specific drug that is being abused.[7] But, use of the word "drug addiction" and the subjective meaning attached to it have become part and parcel of our vocabulary, and stigma is attached to it.

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[5]Task Force Report, op. cit. p. 24.

[6]David W. Maurer and Victor H. Vogel, Narcotics and Narcotic Addiction. (2nd edition) Charles C. Thomas, Springfield, Illinois, 1962, p. 29.

[7]Nathan B. Eddy, H. Halbach, H. Isbell, and M.H. Seevers,"Drug Dependence: Its Significance and Characteristics," Bulletin of the World Health Organization, Vol. 32, 1965, pp. 721-733.

It should be noted, however, "...that one can become physically dependent on substances, notably alcohol, that are not considered part of the drug abuse problem. It should be noted also that psychic or emotional dependence can develop to any substances, not only drugs, that affect consciousness and that people use for escape, adjustment or simple pleasure."[8]

As can be seen from our selective rather than exhaustive discussion, and as stated so cogently in the Task Force Report: "The terms have been used carelessly and have gathered around them many subjective associations. Some precision is necessary if they are to be used as instruments of analysis."[9]

II. Classification and Census of Addicts

No consensus has been reached on how to classify the addict, and we have no exact count of the number of persons who are addicted to one drug or another.

There are no reliable "drug census" studies for the Nation as a whole. The impression, not supported by adequate studies, is that extensive use of narcotics ranges from the young urban poor, especially those of minorities, to disaffected "beatniks," through artistic and university communities, to younger professional persons in metropolitan centers. Use appears to be concentrated in the 18 to 30 age group but reports of both downward (high school) and upward (over 30) diffusions are appearing. The best estimate is that experimentation is far more common than regular use and that heavy use, as occurs in Africa and Asia, is quite rare.

The Federal Bureau of Narcotics maintains a name file of active opiate addicts. As of December 31, 1966, there were 55,225 heroin addicts, out of a total of 59, [illegible] opiate addicts listed.[10] Most of the names in the file are of persons

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[8]Eddy, et al., op. cit., p. 2.

[9]Ibid. p.1.

[10]U.S. Treasury Department, Bureau of Narcotics. Traffic in Opium and Other Dangerous Drugs. Washington, D. C., U.S. Government Printing Office, 1967, pp. 49-56.

arrested by State and local police agencies and reported voluntarily to the Bureau on a form the Bureau provides for this purpose. Thus the inclusion of a person's name in the file depends in large measure on his coming to the attention of the police, being recognized and classified as an addict, and being reported. There is some uncertainty at each step. Moreover, some police agencies and many health and medical agencies do not participate in the voluntary reporting system. There is also no place in the system for persons who use opiates without becoming addicted.[11]

III. Characteristics of the Addict

From the literature read thus far, it seems that the most systematic research on addict characteristics has been done in the USPHS hospitals. Prior to World War II most commitments to these hospitals were from Southern States, rural areas, and small towns, with those addicted mainly middle-aged and older white persons, generally from higher socio-economic status. The majority of these had become addicted through usage of narcotics for medical purposes or through medical-connected occupations, such as physician or nurse. The other prominent groups were creative persons, such as writers, artists, and musicians.

After World War II the following changes in the characteristics of addicts occurred, although these trends appear to have reversed somewhat in recent years:

1) there was an increase in young addicts, age 18-25, or even younger;
2) there was an increase in narcotic users from the lower socio-economic statuses;
3) there was an increase in users from minority groups, such as Negroes, Puerto Ricans, and Mexicans;

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[11]Task Force Report, op. cit., p.2.

4) there was an increase in narcotic addiction in the Metropolitan slum areas;

5) there was an increase in criminal activity associated with drug addiction.

Because of these characteristics, use of drugs has been attributed to group status frustration and to frustrated individual aspirations, as well as to alleged predisposition to addiction.

A number of articles mention that addicts are usually introduced to drugs by friends, and mainly in social situations. Some authors claim that the mothers of addicts are to be blamed,since they are "ingratiating, sabotaging, and seductive." Yet, not every male whose mother has these attributes, becomes a narcotic addict.

One of the medical researchers - Wikler - states that the most prevalent view is that addiction is not a disease, but a symptom of an underlying personality defect, and that neurotic and psychopathic persons are most prone to become addicted. The regular use of drugs may alter the user's goals in life, as well as satisfy his previously existing ego-needs. Generally, the addict is a passive non-competitive person who handles "anxiety-producing" situations by withdrawing from them. In contrast, barbiturates and alcohol are preferred by individuals with strong aggressive and competitive characteristics, because these facilitate "pseudo-masculine" behavioral patterns.

The basic characteristics of the narcotic addict seem to emerge as follows: he is an emotionally sick person whose difficulties have arisen out of a life of social and individual maladjustment. His personality is predisposed towards addiction, and he comes generally from a deprived social environment, with feelings of insecurity or inferiority. Even when his intelligence is average, he drops out of school after having done poorly, below his actual capability. He is an immature person who uses drugs as a buffer between himself and society, of which he is afraid. In many cases there is a generational conflict between the addict

and his parents who, frequently, are also inadequate people.

Much of the literature mentions that drug addicts are immature, dependent, inadequate personalities, have anxiety complexes, have the mentality of a child, and are passive types. However, many people have these attributes who do not become addicts. The question is really why do some of these persons become addicts and not others? Is it that some turn to drug addiction in order to cope with these personality problems, while those who do not become addicted evidently have achieved some alternative adaptation in other activities, perhaps reflecting a different social and cultural setting?

IV. Treatment and Rehabilitation Strategies

Treatment and rehabilitation programs are varied, and frequently depend upon how narcotic addiction has been classified.

While many experts agree that addiction is a medical problem, hospital treatment alone is generally deemed insufficient without community supervision and supportive community services.

Society's attitude towards the addict seems to be ambivalent, in that it recognizes addiction as an illness that has to be cured, but also asserts that, for the protection of society, the addict has to be punished and "pay his debt" by being behind bars and the longer the better.

It generally is agreed that rehabilitative techniques have to be individually geared, since addicts are many different types of persons. Basically, the addict is not viewed as a criminal type, and it is presumed that non-punitive methods of treatment can result in permanent rehabilitation. On the other hand, it is held that punitive methods might result in making a criminal of addicts

From much of the literature looked at thus far, it seems that the majority of researchers would prefer the following sequence of events for the rehabilitation of the addict offender: hospitalization with treatment, release under strict

parole or supervision for an extended period, with needed community services for the addict and for his immediate family, by specially trained personnel.

One of the approaches to the control of drug usage is to consider addiction an illness, rather than a crime, as is done in Great Britain, and an illness which requires neither institutionalization nor penalties. In the United States, there were clinics for addicts in the early 1920's, but since they did not seem to reduce drug addiction, they were closed under pressure of the American Medical Association and the U.S. Narcotics Bureau.

The treatment and control strategies that prevail in the U.S. are summarized by Glaser and O'Leary as: (1) imprisonment; (2) hospitalization (with medical and psychological services); (3) institutional counseling; (4) community surveillance (including compulsory tests for drug use); (5) casework in the community; and (6) mutual aid organizations of ex-addicts. Each of these treatments, of course, actually includes various combinations of these methods.[12]

1. Imprisonment

Narcotic offenders are generally conforming prisoners. Most of those in Federal prisons are in minimum security status despite their long sentences. There is an increasing trend in opinion that addiction is a medical problem, and should be treated as such, and not as a criminal problem. For example, the States of California and New York now have compulsory treatment and parole supervision for addicts.

2. Hospitalization

California, in 1961 and New York, in 1962, passed laws for the civil commitment of drug addicts. Hospitalization to USPHS hospitals can be either on a

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[12]Daniel Glaser and Vincent O'Leary, The Control and Treatment of Narcotic Use. Washington, D. C., U. S. Department of Health, Education, and Welfare, Welfare Administration, Office of Juvenile Delinquency and Youth Development, 1966.

voluntary basis or compulsory, as part of probation conditions or on sentence.

Patients usually are successfully withdrawn from drugs, and most hospitals are equipped to supply psychological, psychiatric, and social case work in addition to medical treatment.

While addicts are successful in a drug free environment, they tend to relapse when they return to their old surroundings. Many of the addicts go through a number of readmissions and relapses. While some are cured, others relapse soon, and some remain abstinent for a number of years, but later also relapse.

3. Institutional Group Counseling

Some states--New York and California for example--have intensive counseling programs for drug addicts in their correctional and mental health institutions. However, group counseling programs in the institutions are only one part of the total treatment program.

4. Mutual Aid Organizations for Ex-Addicts

The best known mutual aid organization is Synanon, established in 1958, at Santa Monica, California. Branches of this establishment have since been established in Reno, and San Diego. Independent offshoots of Synanon, more closely linked with conventional treatment programs, are Daytop Lodge and Daytop Village. At first, all of these self-help organizations were primarily supported by contributions, with their senior members doing much public speaking to elicit support. Daytop Village is now primarily supported by N.Y.S. Narcotic Addiction Control Commission funds.

V. Parole and Probation

There is widespread indication in the literature that penal efforts on behalf of the drug addict have been generally ineffective, and that the traditional

"treatment" for relapsed parolees--rearrest for parole violation, reinstitutionalization, and reparole--has not solved the problem. The States of California and New York have established special parole units for narcotic offenders where each parole officer has a maximum caseload of 30 parolees. It was felt that the "authoritative" approach would be more effective in sustaining the released addict because the average addict is passive, withdrawn, and weak-willed. He requires strong and dynamic external guidance and push, which can be provided only by aggressive and authoritarian casework. However, parole alone cannot change him, and other agencies with vocational, educational, hospital, and psychiatric programs have to cooperate. Parole can serve as a coordinating force in some cases because of its authoritarian nature, which some other agencies lack.

Conclusion

Many other aspects of drug addiction covered in the literature cited in this bibliography could be discussed, but it seems appropriate to conclude here with some of the more pertinent comments from the Task Force Report, since we deem them to be of utmost importance for future strategies in this area.

Much has been asserted on the relationship between drug addiction and crime, especially as to which comes first. Was the typical addict a criminal before he became addicted, or did he become addicted first and then resort to crime in order to support his habit? Those whose crime is that of importing the drugs, and the higher-ups in the chain of wholesale and retail sales, generally are not addicts, while many of the retail pushers are, and sell to support their habit.

The relationship of crime with the use of marihuana goes back to the year 1300 when Marco Polo described "Hasan and his band of assassins. The drug was reportedly used to fortify courage for committing assassinations and other

violent crimes, and the words hashish and assassin are supposed to be derived from this source."[13]

The Task Force's examination of the evidence on causal connection between drug use and crime has not enabled it to make definitive estimates on this issue. While crime reduction is one result to be hoped for in eliminating drug abuse, its elimination and the treatment of its victims are humane and worthy social objectives in themselves.

The President's Commission makes another point: "Since use of a drug is itself illicit then there can be no drug use without criminality; if however, one attends to crimes against person or property as opposed simply to the violation of law occurring because a drug is used, then the best evidence to-date suggests that the drug-crime relationship depends upon the kinds of persons who chose to use drugs...and on the life circumstances both before drug use and those developing afterward by virtue of the individual's response (dependency or addictive) and society's response to him (prohibition of use, arrest, and incarceration, etc.)."[14]

The amount of literature on marihuana, for example, is massive. It runs to several thousand articles in medical journals and other publications, many of them relating the experience of foreign countries, in foreign languages. The Task Force Report states that "...with the possible exception of the 1944 La Guardia Report, no careful and detailed analysis of the American experience seems to have been attempted..." yet the Commission believes that enough information exists to warrant careful study of our present marihuana laws and the propositions on which they are based." The Commission recommends that "The National Institute of Mental Health should devise and execute a plan of research, to be carried on both an intramural and extramural basis, covering all aspects of marihuana use."[15]

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[13]William H. McGlothin, "Canabis; A Reference," In The Marihuana Papers, David Solomon, ed. New York: The Bobbs-Merrill Co., Inc., 1966, p. 412.

[14]Op. cit., p. 23.

[15]Ibid. p. 14.

1. Eddy, Nathan B., Halbach, H., Isbell, H., and Seevers, M. H. "Drug Dependence: Its Significance and Characteristics," Bulletin of the World Health Organization, Vol. 32, 1965, pp. 721-733.

Some drugs are addicting, and some persons are addicted, by one definition but not by another. The World Health Organization Expert Committee on Addiction-Producing Drugs has recommended that the term "drug dependence," with a modifying phrase linking it to a particular type of drug, be used in place of the term "addiction." But "addiction" seems too deeply imbedded in the popular vocabulary to be expunged. Most frequently, it connotes physical dependence, resulting from excessive use of certain drugs.

2. Guttman, Oscar. "The Psychodynamics of a Drug Addict," American Journal of Psychotherapy, Vol. 19, No. 4, 1965, pp. 653-665.

Nyswander compares the addict to the hungry infant with low tolerance of frustration. Fenichel classifies addiction among impulse neuroses and perversions. Rado uses the term pharmacothymia to designate an illness which is characterized by a craving for drugs. The pharmacothymic regime which Rado describes involves a disorganization of psychosexual development, a moral disintegration, and catastrophic feelings which emerge as the effects of the drug wear off. Glover views addiction as a borderline condition between neurosis and psychosis. Addiction functions as a defense in relation to sadistic inclinations which are of lesser intensity than in paranoid conditions but are stronger than those characteristic of obsessive formations. Addiction may also stand in a dynamic relationship to homosexuality. The case history presented deals with a 31-year old white male who had been an addict for 12 years at the time he began treatment with the author, and who remained in treatment until he joined Synanon more than three years later. Upbringing by a seductive and over-protective mother and punitive, demanding and sternly religious father had engendered a sadomasochistic pattern and hostility towards authority figures with resulting feelings of guilt and a need for punishment. The pharmacothymic regime probably represented, in this case, the only possible defense against disintegration and psychotic decompensation. An accumulation of case studies of addicts, with emphasis on psychodynamics may point towards meaningful approaches to treatment and management.

3. Lindesmith, Alfred R. "Basic Problems in the Social Psychology of Addiction and a Theory," in Chatham Conference on Perspectives on Narcotic Addiction. Chatham, Mass., Sept. 9-11, 1963, pp. 1-16.

The main concern of this article is with theoretical problems of formulating a general theory of "drug addiction" on a socio-psychological level. The author discusses 3 basic assumptions: 1) "addiction" has to be carefully defined in terms of common behavior patterns; 2) a theory has to be applicable to all cases covered by the definition; and 3) an acceptable theory is one that can be tested. There is a great deal of confusion on how addiction ought to be defined. The author thinks that "craving" for drugs is the "central and defining feature of addiction, and to think of the tendency to relapse...as corrollary aspects or consequences of it. From this standpoint a person does not need to be using drugs to be an addict, and he might be physically dependent upon them without being addicted." Dr. Lindesmith points out: "Defining addiction requires that we seek to penetrate below the superficial, accidental, and historical variability in the patterns of addiction and methods of use to the common or essential features of the behavior which make addicts seem astonishingly alike the world over."

Certain types of people are more likely to become addicted than others, but it is extremely difficult to determine just what this personality predisposition consists of. "The manner in which addicts are characterized is influenced by the nature of the observer's relationship with them. Because American addicts are generally observed in captivity, characterizations...tend to reflect the authoritarian nature of the relationship."

4. McCarthy, William T. "A Prosecutor's Viewpoint on Narcotic Addiction," Federal Probation, Vol. 7, October-December, 1943, pp. 23-27.

The author uses the definition of a drug addict, as defined by the Act of Congress of January 19, 1929, establishing Public Health Service Hospitals. In discussing the criminal and non-criminal addict he states: "I have been disturbed at the attitude of some writers who have not hesitated to attack the whole structure of the Harrison Narcotic Act and who have not been unwilling to advance their dangerous philosophies in the most important field of endeavor. We cannot permit false sentimentality and the "sick man" concept to break down our law-enforcement efforts...Such an unfortunate happening would do irreparable damage to our civilization...They are a part of the golden treasury of laws that help to preserve our social order, and we should resist with all the power at our command, any attempt to interfere with their proper administration."

5. Robertson, J. P. S., and Walton, D. "Addiction to Analgesic Drugs: Resumé of Research," Document No. 5, prepared for the British Psychological Society Working Party on Drug Addiction, 1960.

An English group of scientists working on drug addiction, reviewed the existing literature in the field, and they concluded that "the only workable definition which would allow all of the scientific findings to be included, was essentially a role-taking one." By this definition, they meant to say that an addict is anyone who is being treated for addiction by a physician. Such a definition would exclude those addicts arrested as addicts but who are not given medical treatment.

6. Vogel, Victor H., Isbell, Harris, and Chapman, Kenneth W. "Present Status of Narcotic Addiction," The Journal of the American Medical Association, Vol. 138, December 4, 1948, pp. 1019-1026.

Has a discussion on definition of drug addiction.

II. CLASSIFICATION AND CENSUS OF ADDICTS.

7. The Drug Takers. New York, Time, Inc., Special Time-Life Book Report, 1965.

This report, consisting of nine articles and an editorial, came about because the Time editors think that the drug problem in the U. S. is much larger than most people realize. The editorial gives a brief overview of who the drug takers are today: one out of 3,500, though nobody really knows the exact number; 4 out of 5 are young males; 2 out of 3 are reported to be Negroes and Puerto Ricans; and more than 50 percent are presumed to live in New York City slums. WHO's effort at defining drug addiction as "drug dependence" is discussed, as well as the 1st White House Conference on Narcotic and Drug Abuse in 1962. The editors state that "Today, a few of the proposals have been translated into law. But not the most important one - that the federal government take vigorous leadership in dealing with a "national problem that merits national concern." The vigor is in short supply, and on this problem Washington is long overdue in coordinating the attack."

8. U.S. Treasury Department. Bureau of Narcotics. Traffic in Opium and Other Dangerous Drugs, Washington, D. C.: U.S. Government Printing Office, 1966.

The Bureau of Narcotics maintains a name file of active addicts. As of December 31, 1965, the number was 57,199, or an increase of 1,300 over 1964. Five States reported more than 80 percent of all active addicts during the year: New York State, 29,510 (51.6 percent); Illinois, 7,330 (12.8 percent); California, 6,836 (11.9 percent); New Jersey, 1,762 (3.1 percent); and Michigan, 1,700 (3 percent). The number of active addicts reported by New York State (29,510) represented an increase of 447 over the number in that State during 1964. Active addicts in New York State under 21 years of age numbered 1,276 (64.7 percent of all active addicts under 21 years of age for the entire country); this was a decrease of 241 from the number in this age group in New York State a year earlier. New York City reported 28,307 or 95.9 percent of all active addicts in the State. New addicts reported in New York State numbered 2,662, a decrease of 3,918 from the number reported during 1964. Most new addicts in the State, 2,451 (92 percent), were in New York City. The number of new addicts under 21 years of age in New York State - 547 - was 51.9 percent of the total number of new addicts in that age group for the entire United States. Most of the names in the file are of persons arrested by State and local police agencies and reported voluntarily to the Bureau on a form the Bureau provides for this purpose. Thus, the inclusion of a person's name in the file depends in large measure on his coming to the attention of the police, being recognized and classified as an addict, and being reported. There is some uncertainty at each step. Moreover, some police agencies and many health and medical agencies do not participate in the voluntary reporting system. There is also no place in the system for persons who use opiates without becoming addicted.

9. Wolff, Pablo Osvaldo, "Narcotic Addiction and Criminality," The Journal of Criminal Law and Criminology, Vol. 34, September-October, 1943, pp. 162-181.

This article deals with narcotic addiction and its relationship to crime, stating that crimes increase and decrease in proportion to the changes in political and religious ideology as well as social and economic conditions.

The author uses E. W. Adam's classification of drug addicts: 1) stabilized addicts; 2) accidental addicts; 3) natural addicts; and 4) criminal addicts. He believes that "In numerous cases it would be preferable not to subject the stabilized addict...to a cure of disintoxication. Many accidental addicts...want themselves to be cured and give a rather satisfactory prognosis...the third group... a considerable part of them do not even have the real desire to be cured and when this is the case, the treatment is difficult and relapses are very often observed. The treatment of the criminal addicts, of the fourth group...is almost hopeless, unless a miracle occurs."

1. Adults

10. Anslinger, H. J. "Narcotic Addiction as Seen by the Law-Enforcement Officer," Federal Probation, Vol. 21, June 1957, pp. 34-41.

The former Commissioner of the Bureau of Narcotics discusses the various federal laws controlling drug addiction in the U. S., as well as the provisions of selected state and local narcotic legislation and their implementation. The author states: that "These state and local ventures in the field of rehabilitation of narcotic addicts, form the vanguard of the large-scale program necessary to destroy the incubus of drug addiction."

He discusses the characteristics of the drug addict from various reports of federal, state and local police agencies which give "considerable history of experience in crime by many drug addicts before the onset of their addiction... About 60 percent of all addicts are between 21 and 30 years of age. Addiction is most prevalent in economically depressed slum areas in our largest cities, particularly among Negroes in a few northern cities. This social problem developed as a result of the migration of a large number of Negroes from the South during World War II. After the war, illicit narcotic rings came into operation among the Negroes who filled those slum areas."

11. Ball, John C. "Two Patterns of Narcotic Drug Addiction in the United States," The Journal of Criminal Law, Criminology and Police Science, Vol. 56, No. 2, June 1965, pp. 203-211.

This research report by Dr. Ball compares addict patients discharged from the Lexington and Fort Worth Hospitals in 1962, with the 1937 hospital population. Marked changes are revealed for geographic distribution, age, sex, and type of addiction. The author states "...drug addiction as a medical problem and behavioral phenomenon is entwined in the fabric of society and consequently, is affected by changes in society." There has been an increase in patients from northern metropolitan areas, a decrease in median age, the racial and ethnic composition has changed in the number of addicts from minority groups. The two emerging patterns of narcotic addiction seem to be as follows: 1) heroin is used predominantly among Negro, Puerto Rican, and Mexican youths in metropolitan slum areas, and is obtained illegally, and 2) use of opiates other than heroin or synthetic analgesics primarily by middle-aged whites in the southern states, obtained through legal or quasi-legal means.

12. Ball, John C. "The Reliability and Validity of Interview Data Obtained from 59 Narcotic Addicts," American Journal of Sociology, Vol. 72, May 1967, pp. 650-654.

59 Puerto Ricans, former addict patients at the USPHSH at Lexington, Kentucky, were interviewed on addiction, employment, and criminal history. To test the reliability and validity of the interview data, answers were compared with (a) clinical and administrative records of the hospital; (b) FBI arrest records, and (c) urine samples obtained from the patient. Five items from the interviews were compared: (1) age; (2) age at onset of drug use; (3) type and place of first arrest; (4) total number of arrests; and (5) drug use at time of interview.

Results indicate "a rather surprising veracity on the part of the former addicts, especially when the various procedures employed in data collection are considered." The researcher concludes that this study indicates that "the social situation and auspices under which interviews are obtained affect the

deviant subject's motivation to be either candid, equivocal, or deceitful...The research procedures in the present study which appeared to be particularly relevant...were: prior institutional contact, the interviewer's knowledge of the addict subculture and familiarity with lower-class slum neighborhoods, past field experience and competency of the interviewer, absence of a service or police function, and the use of a structured personal interview which enabled probing questions to be asked."

13. Ball, John C., and Bates, William. "Migration and Residential Mobility of Narcotic Drug Addicts," Social Problems, Vol. 14, No. 1, 1966, pp. 56-69.

Sociologists have long associated crime and deviant behavior with residential mobility. This study was designed to determine whether narcotic addicts come from migrant or mobile families and whether they become transients after the onset of addiction. The subjects were 925 patients at the U. S. Public Health Service Hospital in Lexington, Kentucky. Data were compiled from each patient's medical record pertaining to sex, race, date of birth, parentage, place of birth, address at time of first admission to the Lexington hospital, and, if applicable, residence at each subsequent admission. It was found that drug addicts are not more mobile from birth to the onset of addiction and they do not lead a transient life after their initial hospitalization. The study concluded that the relationship of mobility to crime and deviant behavior has been oversimplified. (5974)

14. Ball, J. C., Bates, W. M., and O'Donnell, J. A. "Characteristics of Hospitalized Narcotic Addicts," Health, Education, and Welfare Indicators, no vol., March 1966, pp. 1-10.

Since the opening of the U.S. Public Health Service psychiatric hospitals at Lexington, Kentucky, and Fort Worth, Texas, there have been 87,000 admissions of 50,900 narcotic addicts. Eighty-three percent of the total admissions went to the Lexington Hospital, and 17 percent to Fort Worth. In the three decades these hospitals have been in operation, there have been significant changes in the age, racial composition, and geographic origins of the patients. The proportion of women has remained fairly constant, at about 16 percent, though from 1935 to 1963 the average age of addicts has dropped. In 1935, the non-white admissions to the hospitals were less than 20 percent; by 1963 the proportion of non-whites increased to over 30 percent. A final set of statistics shows that the current patients are from predominantly metropolitan origins, while previously the rate of rural addiction was higher. At Lexington, a Social Science section of the Addiction Research Center has been established and has undertaken studies of addicts' post-hospital adjustment. Their findings indicate that one-third of the patients were abstaining from narcotics; there was a close association between drug abuse, unstable employment, and crime; and there was a high death rate among addicts. Studies of migration, employment, and readmission of addicts are presently being conducted. (5136)

15. Ball, John C., and Lau, M. P. "The Chinese Narcotic Addict in the United States," Social Forces, Vol. 45, No. 1, 1966, pp. 68-72.

From 1935 through 1964, more than 800 Chinese male narcotic addicts were admitted to the U.S. Public Health Service hospital at Lexington, Kentucky. Of this group, 137 patients discharged from 1957 through 1962 were selected for study. It was found that they were unsuccessful sojourners who migrated to America in search of wealth; they were alienated from the main currents of

American life, lived in metropolitan Chinatowns, worked in laundries or restaurants, and were separated from their families. At the time of admission to the Lexington hospital their mean age was 53 years, more than 20 years older than that of the hospital population. It is noted that by the 1960's, opiate addiction among Chinese-Americans has virtually ceased, and it is suggested that this trend is a reflection of an ongoing process of modernization of the Chinese communities furthered by the severance of cultural ties with the Chinese homeland. (5998)

16. Barish, Herbert, and Brown, Edward. Behavior Traits of the Mother of the Male Addict, Lower Eastside Information Center for Narcotics Addiction, Inc., June 1964.

The casework service of the Lower Eastside Information and Service Center for Narcotic Addicts, has given considerable attention to the interaction between the male addict and his mother. The mothers of addicts have been found to be ingratiating, sabotaging and seductive. Mothers also play a detrimental role during treatment. These traits, in turn, are due to the mothers' feelings of inadequacy and their difficulties in establishing healthy relationships with men. By means of denial, displacement, externalization and projection, these mothers are protected against conscious recognition of their involvement. In order to satisfy her neurotic needs, the mother of the male addict perpetuates the infantile status of the son, who also serves as an erotic substitute for the husband. Most of the male addicts were found to maintain an intimate relationship with their mothers, even after moving out of the home. Case data are cited to illustrate the patterns of ingratiation, seduction and sabotage.

17. Bates, William M. "Narcotics, Negroes and the South," Social Forces, Vol. 45, No. 1, 1966, pp. 61-67.

An examination of the records of narcotic addicts admitted to the U.S. Public Health Service hospitals at Lexington and Fort Worth shows that Negro addicts differ significantly from white addicts in their regional and age distribution. Addiction of Negroes is almost entirely confined to northern metropolitan areas; what addiction exists in the South is confined to a few big cities. White addicts from the southern states, on the other hand, are chiefly from rural areas. Negro addicts from the South are younger than white addicts, but northern white and Negro addicts are the same age. (5997)

18. Hunt, G. H. and Odoroff, M. E. "Follow-up Study of Narcotic Drug Addicts After Hospitalization," Public Health Reports, Vol. 77, 1962, pp. 41-54.

Age is positively correlated with abstinence from drug addiction, but length of stay at Lexington was not significantly correlated with long-term abstinence.

19. Isbell, Harris. "Medical Aspects of Opiate Addiction," Bulletin of the New York Academy of Medicine, Vol. 31, No. 21, December 1955, 2nd series, pp. 886-901.

The Expert Committee on Drugs Liable to Produce Addiction, of the WHO, has defined addiction as "a condition in which a person abuses a drug to such an extent that the person, society, or both are harmed."

The etiology of opiate addiction is regarded as multifactorial. Social, psychological, and pharmacological factors all play a role in the genesis of this disorder. The social factors which predispose to addiction are not specific, but

they are associated with many other conditions, such as schizophrenia, high crime rates, and high tuberculosis rates, poor housing, low incomes, and poor educational status. While such factors are predisposing not all addicts come from such environment, and only a minority of people from such environment become addicts.

A person who has become an addict finds that he has entered a distinct social group that has its own language, customs and code. The fact of belonging to this different society tends to crystallize and fix the addiction, making it more permanent. The addict finds that, if he tries to shun his addict friends, he is lonely, bored, and has nothing in common with the "squares" who are not "hep" to drugs.

20. Kolb, Lawrence, M. D. Drug Addiction, a Medical Problem. Springfield, Ill., Thomas, Charles C., 1962.

The purpose of this book is "to further understanding of the addiction phenomenon and the development of programs of control and treatment, which are compatible with the interests of the whole society." The author's view is that drug addiction is a symptom of a mental disease and treatment, prevention, and rehabilitation must also take into consideration, customs and institutions that give rise to addiction.

The narcotic addict suffers from instability and immaturity and personality disturbances such as: character disorders, inadequate personalities, and psychoneuroses. Few addicts, however, fit any clean-cut category. There is no typical addict but those addicted combine "a number of traits which add up to his being an immature, hedonistic, socially inadequate personality."

21. Messinger, E., and Zitrin, A. "Psicosi, Psiconevrosi, Debolezza Mentale e Tipi di Personalita in Tossicomani Criminali," ("Psychosis, Psychoneurosis, Mental Deficienty, and Personality Type in Criminal Drug Addicts"), Quaderni di Criminolocia Clinica. Vol. 7, No. 2, 1965, pp. 137-154.

Between 1954 and 1960, 4,500 criminal drug addicts underwent psychiatric examination, at the Psychiatric clinic of the Court of General Sessions of the County of New York. In comparing this group with another non-addict criminal group which had been studied previously, it was found that the incidence of psychosis, psychoneurosis, and mental deficiency in drug addicts was extremely low. Yet that the rate of psychopathy was at least 3 times higher in this group. Half of this group can be described as having psychopathic personalities with the other half manifesting minor personality disturbances and moral irresponsibility. From these facts it can be concluded, that the best way for society to meet the problem of criminal drug addicts is, firstly, to employ those social and legal means best adapted to combat psychopathy, and secondly, to use those social and pedagogical means which will elevate the citizens moral standards and sense of ethical responsibility.

22. Messinger, Emanuel, and Zitrin, Arthur. "A Statistical Study of Criminal Drug Addicts," Crime and Delinquency, Vol. 11, No. 3, 1965, pp. 283-292.

Since 1963, the Psychiatric Clinic of the Clinical Division of the Supreme Court of New York County, has given psychiatric examinations to virtually all persons convicted of major crimes in that jurisdiction, about twenty-five to thirty percent of whom have been chronically addicted to opiates. Since 1954, drug addict statistics have been collected as a separate project. This paper details the incidence of psychoses, psychoneurosis, mental deficiency, and

diverse personality types in this criminal drug addict group. Not a single case of overt psychosis was found, which suggests that the preexistence of psychosis is at best a minimal factor in the development of drug addiction. Only two cases of clinical psychoneurosis were found. The incidence of mental deficiency was also very low. The following personality types and their incidence among addicts were compared to non-addicts examined: anti-social behavior, inadequate and emotionally unstable, schizoid type, aggressive type, miniature and maladjusted adolescents, immature adult type, unethical type, suggestible-passive type, adynamic dull type. (2363)

23. O'Donnell, John A. "The Relapse Rate in Narcotic Addiction - A Critique of Follow-Up Studies," In Narcotics. Eds. - Wilner, Daniel and Kassebaum, Gene G. New York: McGraw-Hill, 1965, pp. 226-246.

While there is agreement that relapse rates among addicts are high, these rates are rarely defined in quantitative terms. The writer knows of only one study which gives the actual percentage of addicts who are expected to remain abstinent for a lengthy period of time. This is a study by Winick who analyzes data in the Bureau of Narcotic files. An examination of eleven follow-up studies shows a wide range of reported abstinence rates. But all studies agree that in cases where relapse occurs, it is likely to occur quickly. Variables that seem to be correlated with relapse rates are: age, race, voluntary status, length of hospitalization, class, type of offense, length of drug use prior to hospital admission, and age at initial use of drugs. From these studies, the author concludes that relapse rates are highest in New York City. Relapse occurs often by contact with addicted friends and such contact is more likely in a community with a large number of addicts. "Although it may be true that most addicts relapse and continue to use drugs after treatment of enforced abstinence, none of the 11 studies establishes this as true or even probable." The 11 studies indicate that there are different rates of relapse among the various subgroups of addicts. There is a discussion on the methodological problems in research on relapse.

24. Ray, Marsh B. "The Cycle of Abstinence and Relapse Among Heroin Addicts," In The Other Side: Perspectives in Deviance. Ed. - Becker, Howard S. The Free Press of Glencoe, Collier-Macmillan Ltd., London, 1964, pp. 163-177.

The article is based on depth interviews with 17 respondents, over a period of 2 years. The author wanted to investigate why despite a relatively easy cure from physiological dependence on narcotics, within a relatively short period of time, addicts have a high rate of recidivism. He concludes that: The dilemma of the status of being a drug addict in our society commits the status incumbent to distinctive secondary characteristics and a different identity. Because of shared roles and common interpersonal and institutional experiences addicts develop differential perspectives about themselves and non-addicts, and they identify with the values and statuses of the addict group. During the period following withdrawal, he attempts to live in different social relationships, which strengthen his self-image as an abstainer. Frequently, these social expectations do not come about and make him question and compare addict and non-addict values and relationships. Often, this leads to the redefinition of himself as an addict and triggers those actions which bring about his relapse.

25. Reichard, J. D., M.D. "The Narcotic Addict as a Custodial Problem," The Prison World, Vol. 5, March-April, 1943, pp. 12-13.

Dr. Reichard states that basically most addicts use drugs to relieve internal

unhappiness. "When an extremely tense person with a high degree of what may be called physiological unhappiness, finds that some procedure or substance will relieve his discomfort and make him feel less abnormal, an addict is in the making. If he has a weak will, or if his discomfort is great or if he is not lucky enough to come in contact with a physician who can help him to understand and clear up the situation, an addict is probably made right there."

He defines 3 types of addicts: 1) the psychopath: one who is "utterly indifferent to the rules by which men live together," and who "consider that they are always right and other people always wrong;" 2) the neurotic: he is aware of his imperfections but has not enough self-control to live up to the standards of society; and 3) the "inebriate personality" who can be either one or both and who usually injures himself and others by his excesses. The 3 types are abnormal and if they are in institutions together with non-addicts, they are usually a disturbing influence from the point of view of the prison administrator because they will connive to obtain drugs. This makes it difficult to have a prison program where addicts and non-addicts can be together.

26. Sutter, Allan G. "The World of the Righteous Dope Fiend," Issues in Criminology, Vol. 2, No. 2, Fall 1966, pp. 177-222.

The following is used by "Issues in Criminology" as an abstract of the author's article. "The conception of an 'addict subculture' does not adequately depict the 'world of the righteous dope fiend'. The author delineates the essential features of the "righteous dope fiend's" existence. He shows how one pattern of opiate use stands in relation to a prestige hierarchy of non-opiate users and different types of hustlers on the street scene. Scholars have unwittingly bypassed different patterns of drug involvement, by misusing the concept of culture and attributing magical forces to a convenient fiction. Similarly, the image of frustrated lower class youth who select a retreatist role adaptation to their double failure, does not represent the "player" as a social type who tries out heroin as a symbol of luxury and "success." The "righteous dope fiend" has mastered the art of "hus ing"; his world is fused with the same success symbols prevalent in conventional society. He selects a retreatist role adaptation only if he takes the social role of an "ex-dope fiend," or a "sick addict." The "righteous dope fiend," if he retreats at all, becomes a retreatist when he quits using drugs, not when he starts using drugs."

27. Vaillant, George E. "Parent-child Cultural Disparity and Drug Addiction," Journal of Nervous and Mental Diseases, Vol. 142, No. 6, 1966, pp. 534-539.

The nativity of male New York City addicts admitted to the U.S. Public Health Service Hospital in Lexington, Kentucky between April 1 and December 31, 1961, was compared with that of non-addict New York residents of similar age, sex, and ethnic origin. The investigation comprised 171 non-Puerto Rican Negroes, 187 non-Puerto Rican whites, and 130 patients of Puerto Rican descent. The proportions of immigrants, first-generation Americans, and native-born of native-born parents were calculated and, in the case of Negroes, the percentage of Southern-born. For all three ethnic groups, the role of addiction among the first-generation New York City residents was three times that of the immigrants. The rate of addiction was approximately 20 times higher among New York Puerto Ricans and Negroes, than among the rest of the population. The evidence suggests that both minority status and parental, rather than individual, cultural mobility are positively correlated with the incidence of drug addiction among individuals from lower socio-economic groups. (6002)

28. Wikler, Abraham, M.D. "Rationale of the Diagnosis and Treatment of Addiction," The Connecticut State Medical Journal, Vol. 19, No. 7, July 1955, pp. 560-569.

Clinically, drug addiction is defined as "pharmacological dependence" (both "psychic" and "physical"), and its diagnosis is based on an abstinence syndrome demonstration. Treatment of addiction is divided into 2 stages: (1) withdrawal of drugs and (2) rehabilitation. Rehabilitation should provide vocational training since many addicts have no marketable skills to support themselves and preserve their self-esteem. The most prevalent view is that addiction is not a disease, but a symptom of an underlying personality defect, and neurotic and psychopathic persons are more prone to become addicted. The regular use of drugs may alter the user's goals in life, as well as satisfy previously existing ego-needs. Generally, the addict is a passive, non-competitive person, who handles "anxiety-producing" situations by withdrawing from them. In contrast, barbiturates and alcohol are preferred by individuals with strong aggressive and competitive characteristics, because these facilitate "pseudo-masculine" behavioral patterns.

29. Winick, Charles. "The Life Cycle of the Narcotic Addict and of Addiction," Bulletin on Narcotics, Vol. 16, No. 1, 1964, pp. 1-11.

One of the few continuous variables in the study of narcotic addiction is age. How many persons commence drug use at each age, and how long do they continue to use drugs? The data suggests that addiction may be a self-limiting process for perhaps two-thirds of the addicts. There appears to be a heavy concentration of commencement of drug use in the years of late adolescence and early adulthood, probably as one way of coping with the problems and decisions of these stressful years. The number of years that the persons in this sample used drugs suggests that the younger a person starts on narcotics, the longer his period of drug use is likely to last. The proportion of those using narcotics for over fifteen years is relatively high in those starting on narcotics in their early teens and mid-thirties. The length of the addiction will be between one-eighth and one-ninth of a year less for each year that the onset of his addiction is delayed. The length of addiction declines progressively and consistently as the age at onset increases. Whether this relationship is the result of a decrease in need, an increase in resistance, external factors or a combination of these and other factors, is as yet unknown. It is assumed that persons who begin drug use at different ages do so for different reasons, because the urgency of the drives that may have led to the beginning of drug use varies with a person's place in the life cycle. The comparison of age and length of addiction appears to be suggestive enough to warrant further study. It points to some of the regularities that underlie narcotic addiction and hence enables us to make predictions. Five tables and a list of references are included in the report. (679)

30. Winick, Charles. "Physician Narcotic Addicts," in The Other Side: Perspectives on Deviance. Becker, Howard S., Ed. The Free Press of Glencoe, Collier-MacMillan Ltd., London, 1964, pp. 261-279.

89 physicians who were or had been addicts were interviewed by the author "to explore social and personality correlates of addiction in physicians." The average age was 44, ranging from 28 to 78. Sociological theories of deviant behavior do not explain the use of narcotics by physicians. From his data, the author comes to the conclusion that "These physicians appear to have been addiction-prone through some combination of role strain, passivity, omnipotence,

and effects of drugs." But he cautions that "the physicians interviewed may not be typical of other addict physicians, or that they may be reflecting regional or other special factors."

2. Teenage and Adolescents

31. Chein, Isidor, Gerard, Donald L., Lee, Robert S., and Rosenfeld, Eva. The Road to H. New York, Basic Books, 1964.

In an effort to determine the extent, causes, and possible cures of young narcotic addicts, a detailed study was made of 2,950 sixteen to twenty-year-old male drug users in Manhattan, Brooklyn, and the Bronx. Most of the users were contacted through the courts and municipal hospitals of the three boroughs, thus the list is by no means exhaustive of the total user population. The subjects were divided into four major categories: (1) experimenters; (2) occasional users; (3) regular users; and (4) "hookers" or addicts: the study concentrated on the last two of these categories. The average male in the regular user and "hooker" categories had tried marijuana by the time he was fifteen. He became a regular user of heroin within one year after his initial experience with that drug. When asked to describe his life in the period of regular use, eighty-eight percent chose to tell of their off-drug dysphoric experiences, while only twelve percent told of their "high" periods. Juvenile gangs, rather than encouraging drug addiction, inhibit and discourage it by offering the solidarity and belonging which many addicts seek, and by reacting negatively to the off-drug character of their "using" members. The American society's approach to narcotic addiction is uninformed and misguided. Under current laws and practices, the addict, once apprehended by authorities, is given rehabilitative treatment which is notoriously unsuccessful. Instead of wholesale condemnation as criminals of all addicts and users, society and its agencies must learn to provide these deviants with the environmental needs of which they have been deprived: (1) a homelike atmosphere, (2) individual concern, and (3) understanding. Rather than expressing indignation at the drug addicts in its midst, society must interest and concern itself with their problems and be prepared to help, rather than condemn and avoid them. (3250)

32. Cloward, Richard A. and Ohlin, Lloyd. Delinquency and Opportunity: A Theory of Delinquent Gangs. The Free Press of Glencoe, Ill., 1960.

The authors attempted to deal with rules of conduct in delinquent gangs and explore two basic questions: 1) why do delinquent "norms" or rules of conduct develop, and 2) what are the conditions which account for the distinctive content of various systems of delinquent norms - such drug use, etc.

In addressing themselves to these two questions, they discuss drug addiction and the characteristics of delinquents under sub-topics such as: retreatist subculture; causes of drug addiction; gang members and drug addiction; attitude of drug users towards norms; previous delinquency of drug users, etc.

33. Finestone, Harold. "Cats, Kicks, and Color," Social Problems, Vol. 5, July 1957, pp. 3-13.

This article is based on depth interviews with 50 young male Negro addicts in a research program by the Illinois Institute of Juvenile Research. The typical addict in this study, even though he comes from a deprived community, has an air of superiority, identifies with the elite society of "cats." He prides himself on being an "operator" who outsmarts the "squares" who work for wages.

He supports himself by "hustling." His vocabulary suggests ridicule of common usage, such as "pad" for house, "bread" for money, etc. The main purpose of life for the "cat" is to experience the "kick," any act tabooed by squares and different than the daily routines, such as marihuana, heroin, etc. The "cat" progresses from mild to extreme levels of ability to "play it cool" and each advance represents an enhancement of his self-image.

The cat is a social type, resulting from status frustration who has an alternative set of standards which he can meet more readily, giving him a chance for identity and status. Any attempt to modify social processes which produce the "cat" must attempt to modify his social isolation. The present generation of cats may be a lost generation on a one-way street of addiction. However, the gangster types diminished as older immigrant groups moved up the ladder. The "cat" might also diminish as a social type with the increase of opportunities and lessening of social isolation.

The interviews were conducted during 1951-1953.

34. Gold, Leo. "Toward an Understanding of Adolescent Drug Addiction," Federal Probation, Vol. 22, September 1958, pp. 42-48.

The increase of adolescent drug addicts since World War II, makes it important to have a better understanding of the nature of the adolescent drug user. He is an emotionally sick individual whose difficulties stem from a life story of social and emotional maladjustment. His personality structure is predisposed toward addiction, even when the addiction itself is purely accidental. Generally he comes from a deprived social environment and has developed feelings of insecurity and worthlessness. Even when his intelligence parallels that of the normal population, he drops out of school after having done poor work at a level significantly below his actual capabilities. His goals stem more from fantasy than reality and he is unable to see the drug habit as being contrary to his fantasied aspirations of material success. The drug user is an infantile person and the drug becomes a buffer between the user and the society which he fears. There is a conflict in his relationship to his parents who many times are also inadequate people.

Treatment of the adolescent is still in a pioneering state and one of the most difficult parts is to get him to accept a treatment relationship with the psychotherapist. While on rare occasions the teenager may respond very early to such a relationship, more commonly a rather extensive period of time, involving several readdictions and rehospitalizations, is necessary before the patient is ready to seek a more realistic solution to his problems. There is also a strong need for the treatment of the families of adolescent addicts.

35. Janowitz, Julian F. "There's No Hiding Place Down There," American Journal of Orthopsychiatry, Vol. 37, No. 2, March 1967, p. 296.

An abstract from a paper presented at the 44th Annual Meeting of the American Orthopsychiatric Association, Washington, D. C., March 20-23, 1967. The paper describes five different subcultures on the campus. The marihuana group establishes a pattern for illegal rebellion, they show some symptoms of psychopathology with low frustration tolerance, and immaturity. They use drugs to relieve tension and provide some sort of escape. They want more from drugs than drugs can provide. The morning glory seed group consists of young faculty members and graduate students who are more discrete and who look for esthetic experiences. The amphetamine group needs something to keep them up so that they can study for an exam. They are sporadic users. The LSD group may belong to a fraternity group which pressured members into experimentation with morning glory seeds last year. The fifth group uses alcohol to let off steam and to escape from tension. They are the most conventional group.

36. Kron, Yves J., and Brown, Edward M. Mainline to Nowhere, the Making of a Heroin Addict. New York, Pantheon Books, 1965.

This narrative of a young addict in New York City could represent the lives of thousands of addicts in economically deprived neighborhoods in a majority of American cities. The typical addict comes from a fatherless home, tends to be overly dependent on his mother or is latently homosexual. Faced with economic deprivation, racial prejudices, and feelings of inferiority, he seeks an escape from reality. Addiction leads to illicit activities that end in arrest. The addict's mother tends to be protective and is instrumental in getting him hospitalized upon his release from jail. Hospitalization leads to short term abstinence, but if the addict returns to the same family and social environment, he will relapse. An adequate after-care program continuing for many years and encompassing all facets of the addict's personal and social life is essential.

37. Laskowitz, David. "The Adolescent Drug Addict: An Adlerian View," Journal of Individual Psychology, Vol. 17, No. 1, May 1961, pp. 68-71.

The adolescent addict is socially distant, has feelings of inadequacy, lacks courage to accept risk of failure and 'loss of face', and wants to be shielded and pampered. The employment of a 'private logic' is seen in his argot and his belief that many laws do not apply to him. His responses to the three major problems in life, as defined by Adler, show: 1) social relations are limited to a kind of parallel racing with fellow addicts, 2) sexual relationships are characterized by the masculine protest, and 3) occupational efforts are apathetic, marked by concern with making a poor showing and the inability to postpone immediate gratification. The description of some of these characteristics is supported by early recollections. Beneath the addict's exterior of a 'better me than you' orientation there is a rudiment of social interest to be worked with and strengthened. The interpersonal transactions in the treatment setting afford the addict an environment. His involvement in status operations reflects the need to be liked and respected by others. To channel this into constructive social concern so that he will extend himself to persons in his millieu, is the prime aim of treatment.

38. Mamlet, Lawrence N. "'Consciousness--Limiting' Side Effects of 'Consciousness-Expanding' Drugs," American Journal of Orthopsychiatry, Vol. 37, No. 2, March 1967, pp. 296-297.

An abstract on drug usage on the campus and preventive and therapeutic approaches to their illicit use. The paper hypothesizes that drug usage on the campus is a form of rebellion to show their parents that they believe in different values. Those who take drugs form groups which share common experiences and show contempt for those who do not take drugs. "Fascination with drugs, drug-takers and the paraphernalia of the subculture preempts social and educational interests, while preoccupation with the much-touted "trips" seems to produce increasingly impoverished variations on a once-stirring theme of liberating insight." It's said that creative and more adventurous students try drugs because since they are forbidden, they are identified with rebellion against authority. Expelling drug takers is expensive for colleges because they hit usually the more gifted students and it is rarely a positive, educational experience.

39. McGee, R. A. "Narcotics-Prevention, and Early Treatment," California Youth Authority Quarterly, Vol. 17, No. 4, 1964, pp. 3-11.

Law enforcement, education, and proper environment are necessary for the prevention of drug abuse. Cutting off the supply is the major objective of law enforcement, and the U. S. Bureau of Customs must be given greater manpower to do the job. There must be strict federal controls of production, inventory, distribution, manufacture, and the sale of drugs. Parents, school administrators, teachers, and pupils should be taught about the problem of drugs, and in schools, more emphasis should be placed on character development because the well-adjusted youngster will seldom make any continued use of drugs. The schools must play the primary role because of the reduction of the importance of the family, and because the schools have contact with every child at an early age. Drug addicts are mainly from the poor areas, the minorities, under-educated, from unstable homes, and concentrated in metropolitan areas such as Los Angeles County. Special programs in psychology, psychiatry, social work, and special education should treat the child and his family. The school should take a leading role in coordinating community resources so that prompt identification may be made of persons when they begin to become drug addicts. Drug abusers who are delinquents are better treated in the community than in an institution.

40. Parton, Margaret and MacKaye, Mary Ann. "Our Teen-Age Drug Addicts," Ladies Home Journal. March 1958.

A research team of a psychiatrist, psychologist, and a sociologist has found that the typical teen-age addict lives in a poor neighborhood where family life is disorganized. He is a severely disturbed person with a feeling of futility. Dr. Rafael Camso, director of Riverside Hospital, the nation's only school and treatment center for teen-age addicts, recommends an educational program to acquaint youngsters with the potential dangers of addiction, more narcotic hospitals, a better public relations program on treatment, "halfway" houses or training camps for the released addict before he returns home, more professional personnel, better casework services and adequate recreation.

41. Perlman, Samuel. "Drug Use and Experience in An Urban College Population," American Journal of Orthopsychiatry, Vol. 37, No. 2, March 1967, pp. 297-299.

During the past three years there has been much publicity on drug abuse by college students on campus. Such illegality shocked the general public since college students are thought to be middle-class, intellectual, and the "future leaders of the nation". The number of drug-users in colleges is actually not known but the problem seems to be a growing one. Brooklyn College, NYC, surveyed its 2,270 senior students on their experiences and attitudes with drugs. 78 or 6.3% admitted to drug use while being undergraduates. All levels of scholastic performance were included, as well as female students. As most seniors, most drug users lived with their parents. 7 out of 10 users had given up drugs by the time they were seniors and all but one considered themselves to be non drug-users at the time of the survey; three-fourths of the total group had tried marihuana only. The data seemed to indicate that students "tried drugs" but that they experimented only in limited numbers and that this did not lead to addiction.

42. Pervin, Lawrence A. "Some Questions Concerning Illicit Use of Drugs on the Campus," American Journal of Orthopsychiatry, Vol. 37, No. 2, March 1967, p. 299.

In this abstract the author asks five basic questions, the critical ones for the drug addiction problem in general. (1) What is the nature of the problem?

More information is needed on who uses which drug and to what extent. (2) Why are drugs used and what is society's reaction to it? Social causes such as rebellion and personal ones such as escape from boredom are discussed. The author states that "students confront us with our own failures and the ills of society, making it difficult for us to be neutral towards them." (3) Why do some campuses have a drug problem and not others? What is the relationship between institutional and student characteristics and the use of drugs on a campus? (4) What are useful attitudes for the therapist and parent? (5) What are the consequences to the individual and to society? There is need for long-term studies on students who currently use narcotics to find out what happens to them later in life. Which are the critical factors determining if they become part of society or if they move away from it? The author concludes that "Answers to these questions will depend upon a more differentiated picture of this issue and the students than is generally presented to-day."

43. Berg, Roland H. "New Hope for Drug Addicts," Look, November 30, 1965, pp. 23-27.

52 addicts have been under treatment as part of a scientific research study at the Manhattan General Hospital of the Beth Israel Medical Center in New York. For periods from 1 month to 2 years, Methadone was administered to them. Of the original 52, only 2 are still in the program, half of them are working or going to school. There are no failures or drop-outs. 2 were dropped because they were also alcohol and barbiturate addicts. With Methadone, there seems to be little need for supportive psychotherapy. Further testing will determine the long-range and far-reaching effectiveness of this treatment, but these 52 men are convinced of their success, having been given back to their families and society.

44. Berliner, Arthur K. "The Helping Process in a Hospital for Narcotic Addicts," Federal Probation, Vol. 26, September 1962, pp. 57-62.

The chief clinical social worker at Fort Worth discusses some social work principles that are common to the helping process in a hospital setting with about 48 percent drug addicts, some under straight sentence, some on probation, and others under voluntary commitment. Corrections should be the rehabilitation of the offender and to make a useful citizen of him. "It is carried out by a combination for, doing with, and helping the person to do without, i.e., to control himself. The correctional experience has to be a shared one, entailing a mutual extension of trust between worker and offender."

He states that hospitalized addicts frequently resist efforts to help them. They distrust authority and treating them is made more difficult when staff workers feel pessimistic about them and are on guard against being "conned."

45. Berliner, Arthur K. "Narcotic Addiction, the Institution and the Community," International Journal of the Addictions, Vol. 1, No. 1, 1966, pp. 74-85.

Institutionalization is felt to be a necessary first step towards rehabilitation for most narcotic addicts because it deprives them of any chance to fall back on the use of drugs and because pressures encouraging the use of therapeutic measures are stronger within an institution than in the community. While institutionalization may have certain drawbacks, such as dependency gratification and anti-social inmate codes, such features may be combated through individual and group therapy and through establishing patient councils and ward self-government, which systematically offer the patient opportunities for the exercise of initiative and responsibility. In institutionalized treatment, the hospital staff seeks to construct a milieu which will interrupt the socially and personally destructive life pattern which the patient had been pursuing before his confinement. Work and education are important components of institutional rehabilitation programs as they provide patients with specific skills which will allow them to live in the community as responsible adults. Where possible, family members may be incorporated into the treatment program in an effort to improve interpersonal relations. Pre-release units within institutions help inmates to accomplish a successful transititon from institutional life to community life. Community aftercare with an aggressive casework approach is needed to help the ex-addict remain free of drugs. (4778)

46. Brill, Leon. "Community Approaches in the Addiction Problem," in Chatham Conference on Perspectives on Narcotic Addiction, Chatham, Mass., Sept. 9-11, 1963, pp. 45-57.

The Director of the Washington Heights Rehabilitation Center relates that within the present framework of knowledge narcotic addiction has to be considered

as a chronic illness. The most important goal now is to help the addict to obtain and hold a job and to abstain from drug use, even if only for limited periods of time, and to hope to increase these intervals over time.

He states that narcotics addiction is a multi-problem which has not responded to traditional rehabilitation approaches. Therefore, there is need for experimental research designs to answer these complex questions. In addition there is need for coordinated community efforts to sustain the addict and to offer him those services that would prevent relapse.

The author emphasizes that there are changes in the trends that advocate treatment from lengthy in-patient stays in a hospital to the present awareness of a closer tie-in with community services, work with the family of the addict, and post-release sustaining services to the patient following his release from the hospital.

47. Brill, Leon. "Drug Abuse As A Social Problem," International Journal of the Addictions, Vol. 1, No. 2, 1966, pp. 7-21.

Narcotic addiction is a complex problem which has not responded to traditional treatment approaches. There is a need for a variety of research programs designed to provide answers to the outstanding questions, and for the coordinated efforts of community agencies to sustain the addict in the community. There is also a need for socio-cultural studies to understand the addict in his own "tribal culture," his outlook and private aspirations, and resistances to abstinence and the "square" culture. An epidemiological, public health, and psychiatric approach is needed in order to study the etiology, manner of spread, prevention, and control of narcotic addiction and the optimal points of intervention. (5906)

48. Brill, Leon. "Preliminary Experiences of a Pilot Project in Drug Addiction," Social Casework, Vol. 42, No. 1, pp. 28-32.

This pilot project - the New York Demonstration Center - was funded by NIMH in 1957 to provide rehabilitation services for recently cured drug addicts discharged from Lexington to the New York City area. Participating agencies were the State Employment Service, the City Department of Welfare, and State Division of Vocational Rehabilitation. Other agencies which have agreed to receive patients on an experimental basis are the Department of Hospitals, and all municipal mental hygiene clinics and volunteer clinics.

Patients are carefully screened at Lexington hoping to experiment with the "best" patients. Most of the referrals were to the employment agencies and the welfare department, only a few to the family agencies and mental hygiene clinics. The report states that traditional casework techniques are not effective for persons who have used drugs and that different approaches must be developed. After frustrating experiences with the clients in keeping appointments, the workers gave up the idea of trying to adhere to regular weekly office interviews and now give casework service on a sporadic or crisis basis, as needed by the patient.

49. Brown, Thorvald T. "Narcotics and Nalline: Six Years of Testing," Federal Probation, Vol. 27, No. 2, June 1963, pp. 27-32.

This is a report on the Oakland, California Police Department's experience with the use of Nalline to detect and control narcotic addicts. The drug as well as the test procedures are described. 30,000 tests have been conducted in Oakland alone and become part of addiction rehabilitation programs. The advantages of such a program are described as follows: they result in savings to the community; the addict is able to hold a job and support himself; it reduces the market for narcotic peddlers; it is an aid to the probation officer, and it induces self-rehabilitation.

50. Brummit, Houston, M. D. "Observations on Drug Addicts in a House of Detention for Women," Corrective Psychiatry and Journal of Social Therapy, Vol. 9, No. 2, 1963, pp. 62-70.

There is a steadily increasing number of female addicts at the House of Detention for Women in N.Y.C., for example, 43 percent (4,411) of 10,099 detained in 1961, admitted to using drugs. 75% have been rearrested at least once, some with "a couple of dozen or more arrests." Most come from broken or rejecting home environment, they have poor judgment, are irresponsible, 95 percent are between 20 and 40 years, 46 percent between ages 27 and 31. Most treatment programs have been ineffective because of poor motivation of the addict and as the author states "the therapeutic and rehabilitative staff programs for inmates have been grossly inadequate with understaffed, underpaid, and overworked psychiatric clinics." As a possible solution, this staff psychiatrist recommends out-patient aftercare clinic treatments to graduate these people into the community for successful integration. "The present-day attitude is an unrealistic and cruel one that discharges the former addict back to the community and washes its hands of the whole matter."

51. Diskind, M. H., and Klonsky, G. "A Second Look at the New York State Parole Drug Experiment," Federal Probation, Vol. 28, 1964, pp. 34-41.

This study shows that age is positively correlated with abstinence from drug addiction. In addition, 36 percent of those who received at least one year of parole supervision did not relapse while on parole.

52. Dole, Vincent. "In the Course of Professional Practice," New York State Journal of Medicine, no vol., April 1965, pp. 927-931.

Medical treatment of narcotics addiction is unsatisfactory at present. It could be made more effective by the development of a more professional attitude toward the problem on the part of doctors, lawmakers, and private citizens. Therapy should be directed toward rehabilitation as the primary objective rather than complete elimination of drugs. The physician's training is currently inadequate and should be enlarged to provide greater experience in the problems of drug abuse, both for their personal protection and for improvement of their professional skills. Basic research must be expanded to define the biochemical abnormalities of addicts before and after withdrawal of drugs. (1571)

53. Fisher, Sethart. "The Rehabilitative Effectiveness of a Community Correctional Residence for Narcotic Users," Journal of Criminal Law, Criminology and Police Science, Vol. 56, June 1965, pp. 190-196.

The Halfway House in East Los Angeles is the first facility operated for

parolees with a history of narcotic use. Experimental(58) and control(57) groups were assigned on a random basis, the former on "straight parole" and the latter in residence from 30 to 90 days. Comparative performances were measured at 6 and 9 month intervals. Three variables were measured: maintenance of satisfactory parole standing; total days of satisfactory parole time accumulated; and return to drug involvement. Both groups showed a decline in satisfactory performance on parole; both groups had about the same percentage of possible days of satisfactory time on parole; both groups - 24 and 25% respectively, contributed equally for those where there is official evidence of return to involvement to drug addiction. The author explains the lack of success of Halfway House by comparing it with Synanon as "staff and inmates do not have a feeling of being members of a single solitary group." There is no personal loyalty felt or expressed by residents. The author suggests also that "certain built-in organizational and attitudinal barriers inhibit, if not prohibit, the kinds of fraternization patterns which reflect and nurture such loyalty."

54. Geis, Gilbert. "A Halfway House for Narcotic Addicts," (Reprint from) British Journal of Addiction, Vol. 61, Nos. 1 and 2, 1965, pp. 79-89.

The East Los Angeles Halfway House, a temporary (five to six weeks) residence for male, ex-narcotic addict felon parolees, was established to assist ex-addicts to overcome the difficult period immediately following release from institutionalization. The Halfway House was founded in May 1962 and is presently financed by the California Department of Corrections. It houses an average of 25 men; 80 percent are Mexican-Americans; and a large percentage are between 27 and 37 years old. Residents are encouraged to work and attend group counseling sessions. A research project in progress is designed to determine the value of the House and its present short-term program in preventing a return to the use of narcotics. The relapse rate of the parolees who reside at the House will be compared with control groups of ex-narcotic addict parolees who have had no halfway house experience. Among the factors which complicate the research are that residence in the House is not voluntary, and that a man may find the House itself frustrating and threatening and he may seek drugs because of this. (4878)

55. Glaser, Daniel, and O'Leary, Vincent. The Control and Treatment of Narcotic Use, Washington, D. C., U. S. Department of Health, Education, and Welfare, Welfare Administration, Office of Juvenile Delinquency and Youth Development, 1966.

This small but informative monograph was written for the National Parole Institutes in 1963 and published in 1966 by U. S. Office of Juvenile Delinquency and Youth Development. The authors were "concerned with the treatment of those involved with the use of narcotics." Part I deals with the Physiological Effects of Narcotic Drugs; Part II: Midcentury Changes in Drug Use; Part III: Initiation into the Drug Habit; Part IV: Personality and Narcotics Use; Part V: The Suppression of Narcotics; and Part VI: Alternative Treatments for Narcotics Use.

56. The Joint Committee of the American Bar Association and the American Medical Association. Drug Addiction: Crime or Disease? (Interim and Final Reports of the Joint Committee), Bloomington, Indiana, Indiana University Press, 1961.

Ploscowe, author of Appendix A of the Interim Report advocates the permissive approach. To him the addict is basically a sick person and in need of medical help rather than punishment. "The very severity of the law enforcement tends to increase the price of drugs on the illicit market and the profits to be made. The lure of profits and the risks...challenge the ingenuity of the underworld peddlers to find new channels of distribution and new customers, so

that profits can be maintained. "While the hospitals do a good job the ratio of relapse to addiction is high because of lack of adequate follow-up care in the community. Mr. Ploscowe discusses and evaluates a number of clinic plans and submits several research proposals.

The Final Report proposes an experimental clinic "to determine the efficacy of ambulatory treatment designed primarily for the withdrawal of drugs." Appendix B of the Interim Report was written by Rufus King and describes narcotic control in Europe. He states that the British System of control of drugs by medical means is responsible for the low rate of addiction in that country. In contrast, the Bureau of Narcotic quotes experts in the field that the situation in England exists despite their system of control.

57. Jurgensen, Warren P., M.D. "Inpatient Treatment of the Narcotic Addict," in The Chatham Conference on Perspectives on Narcotic Addiction. Chatham, Mass., Sept. 9-11, 1963, pp. 34-44.

The Deputy Medical Officer of Lexington discusses some of the characteristics of their institutionalized addicts: most come from urban neighborhoods characterized by large number of minority groups, disorganized families, and delinquency rates. The trend shows that there has been a change in the typical addict over time. It used to be the older white or Chinese person, but now he is younger, and more likely to be Negro, Puerto Rican, or Mexican. The addict has a fragmentary personality development and goes through changes of behaving like an infant, to reactions of an adolescent, with some periods of adult behavior.

The article has also a discussion on admission policies, detoxification problems, and continuing treatment.

58. Kruschke, Douglas, and Stoller, Frederick H. "Face to Face with the Drug Addict: An Account of an Intensive Group Experience," Federal Probation, Vol. 31, No. 2, June 1967, pp. 47-52.

The California Rehabilitation Center employs a new approach to group therapy - "accelerated interaction" - in an attempt to cope with the increasing number of narcotic addicts. This type of program uses continuous group interaction over several days. The intense involvement of group members with each other and with the staff leads to a high degree of intimacy and resulted in 1) accelerated and increased knowledge of addicts by group leaders and decrease in staff-addict barrier; 2) accelerated and increased knowledge of addicts by other addicts; 3) accelerated and increased awareness by the addict of what he is doing in the world, the consequences for him, the effect it has on others, and the possible avenues of change which are open to him; 4) establishment of a meaningful model of group participation which participants are able to transfer into other group settings; 5) change in attitude and an increased appreciation and utilization of institutional programs; and 6) a significant shortening of the length of time individuals spend in the institution.

59. Lowry, James V. "Hospital Treatment of the Narcotic Addict," Federal Probation, Vol. 20, No. 4, December 1956, pp. 42-51.

This article by the medical officer in charge of Lexington, describes the facilities of the hospital and its treatment program. The hospital treats federal prisoners, probationers, and voluntary patients. While the treatment of physical addiction is relatively simple, the treatment of the psychological is complex. In describing the characteristics of patients, the author states

that there seems to be an increase in the admission of patients with sociopathic personality disturbances. Their behavior indicates a lack of maturation, which occurs most often where the personal history indicates absence of father or a weak father or mother during childhood. There have been changes in the characteristics of the typical addict: he is a Negro male, voluntary patient in his 20's, comes from a broken home, started on heroin at about 20. These characteristics have to be considered in planning treatment programs at the hospital.

60. Morgan, James P., Jr. "Drug Addiction - Criminal or Medical Problem," Police, Vol. 9, No. 6, 1965, pp. 6-9.

Most public officials and individual citizens tend to identify drug addiction as either a medical or a criminal problem. Results of a study carried out between September 1959 and August 1963 on 135 addicts arrested in New York City tend to reinforce that "a life of crime is the cause of addiction rather than the result of it." Only 15 of the addicts were able to prove that they had no criminal background prior to addiction. A sick person normally wishes to be cured but only 25 of the group took a voluntary cure. Results of studies in various institutions corroborate this evidence, indicating that "addicts become what they are, not by accident but as a result of criminal tendencies which they had already exhibited." The apparent abuse and failure of various clinics also leads to the conclusion that most addicts have no sincere desire to be cured. Those addicts who are a medical problem will not be harmed by treating the general problem as a criminal one, while the criminal element in general will thrive if the problem is treated as a medical one.

61. "Narcotic Addiction," New York Medicine, Vol. 21, No. 2, 1965, pp. 3-8.

The official policy on narcotic addiction of the New York Medical Society includes the following recommendations. (1) Civil commitment laws should be changed to provide commitment after trial. (2) Rehabilitation centers should be established away from the environment in which the addiction occurred to provide psychiatric guidance as well as work for pay, vocational retraining programs, and guidance to families of addicts. (3) Additional follow-up clinics should be set up to provide long term medical, sociological, and employment studies on rehabilitated addicts. The clinics could coordinate community resources and act as maintenance and withdrawal centers. (4) A meeting of medical representatives and federal government officials should take place to clarify the doctor's role since regulations for physicians should be revised as to reporting addicts, permissible short-term withdrawal of patients, administration of maintenance drugs and the procedures to be followed where charges are brought against physicians by law enforcement agencies in regard to supplying addicts. (5) Present sentencing practices should be reviewed to make sentencing more uniform, humane, and directed toward treatment rather than punishment. (6) Precise research studies should receive increasing support. (7) The public should be more adequately informed on drug abuse as a sociologic and economic problem to urban centers. (2132)

62. Nyswander, Marie, M.D., et al. "The Treatment of Drug Addicts as Voluntary Outpatients: A Progress Report," American Journal of Orthopsychiatry, Vol. 28, October 1958, pp. 714-727.

The authors report one year's experience in the treatment of drug addicts as outpatients in the New York area. The report describes in detail the results of the treatment of 70 voluntary patients by a staff of 30 psychoanalytically trained therapists. But it is difficult to draw any definite conclusions as to

the results of the treatment given.

Certain important facts seem to stand out: (1) withdrawal from the drug may prove to be unsatisfactory or even impossible to achieve in an outpatient setting; (2) the dearth of community facilities for the hospitalization of addicts and for their supportive treatment.

Of the 13 patients in this series who continued under treatment after one year, 10 are reported as having discontinued drugs, 2 had decreased their habit, and 1 was taking drugs "occasionally." Twelve dropped out of treatment because of "poor motivation" and 12 of the patients who dropped out were reported "on drugs" when they terminated their relationship with the clinic. It should also be noted that 12 patients dropped out within 1 month. It should be apparent that these results leave much to be desired in achieving the primary goal of withdrawing addicts from their drugs. The aim of therapy should be to allow the patient to live comfortably without drugs and it is essential that the patient be withdrawn before therapy can proceed.

63. O'Connor, Frank D. "Halfway House; a Promising Factor in Drug Addict's Aftercare," The Municipal Court Review, Vol. 4, No. 3, 1965, pp. 9-11.

While not enough is known about the precise rehabilitative services which should be offered in a halfway house for narcotic addicts, enough information is available to support the idea that a number of such facilities in the major urban areas in the United States would contribute significantly to the rehabilitation of addicts. The National Association for the Prevention of Addiction to Narcotics has begun a drive to raise funds for the establishment of six halfway houses in New York, Chicago, Detroit, and Los Angeles. A NAPAN-run halfway house will be designed to provide direct services to released addicts and at the same time to produce some answers to the questions being asked by social workers, doctors, and social scientists regarding the true needs of a drug addict following detoxification. (1781)

64. O'Donnell, John A., Ph.D. "The Lexington Program for Narcotic Addicts," Federal Probation, Vol. 26, March 1962, pp. 55-60.

This article deals with the hospital's admission policies, treatment programs, and treatment results. The main purpose of the article is to "furnish information to probation officers so they can make more effective use of the hospital for persons under their supervision." In a section "Preparation of Addicts for Hospital Treatment," the author advises mainly the non-Federal probation officers who send addicts to the hospital as voluntary patients on admission policies and on follow-up care.

65. Pescor, M. J., M.D., "Attitude of Drug Addicts and Personnel Toward Hospital Policies," Federal Probation, Vol. 5, April-June, 1941, pp. 28-31.

A questionnaire was administered to 50 representative employees and 50 representative patients at the Fort Worth USPHS hospital. The subject matter dealt with institutional policies at the hospital. The results show that neither personnel nor patients have accepted the notion that a drug addict is an emotionally sick person whose addiction is an indication of a personality disorder which requires hospitalization, rather han treatment as a criminal.

66. Rasor, Robert W., and Maddux, James F. "Institutional Treatment of Narcotic Addiction by the U.S. Public Health Service," Health, Education, and Welfare Indicators, no vol., March, 1966, pp. 11-24.

In 1935, the first "U.S. Narcotic Farm" was opened in Lexington, Kentucky.

Since then, the name has been changed to U.S. Public Health Service Hospital, and another hospital was opened in Fort Worth, Texas. Of the 87,000 admissions to these hospitals since 1935, 27 percent were federal prisoners, while 72 percent were voluntary admissions. The hospitals conduct extensive treatment programs, designed to remove the addict from his dependence on drugs. The program consists of several steps; withdrawal, convalescence, rehabilitation, aftercare, and follow-up. Medical treatment comprises the first two phases, while the rehabilitation stage involves vocational assignments, recreation, religious programs, an Addicts Anonymous program, and the creation of a social milieu which maximizes the therapeutic role of all employees. The aftercare programs involve parole provisions for prisoners, and individual guidance for all addicts. Unfortunately, follow-up studies reveal that 90 percent of the patients discharged become readdicted within five years. The success of the patients leaving the hospital depends, in the long run, upon the resources available to them in the community. (5137)

67. "Report of the Narcotic Committee of the Criminal Law Section of the American Bar Association," American Criminal Law Quarterly, Vol. 4, No. 3, 1966, pp. 147-154.

With the increasing use of dangerous drugs, there is a need for more stringent legislation to deter the offender, especially the juvenile. Rehabilitation, as a supplement to strict laws, is most effective when the narcotic user is removed from his addictive environment. Compulsory confinement helps the addict build up his physical and mental strength. After release, a program of supervision and counseling aids reintegration into society. (5726)

68. Rice, Julius, and Cohen, Livi. "Narcotic Drug Addiction - One Year's Experiences at Pilgrim State Hospital," The Psychiatric Quarterly, Vol. 39, 1965, pp. 457-465.

This is the report on the first year's existence of the narcotic unit at Pilgrim State Hospital, under New York's Metcalf-Volker Act. It provided a drug-free hospital atmosphere, possible detoxification of patients, and a rehabilitation program. Under this Act addicts charged with crimes can choose hospitalization together with aftercare provisions. During the first year, 509 male patients were admitted: 71 percent came from detention houses, many having served more than one term, with the others on a voluntary basis with an average stay of five days. Patients received physicals, medication, and had group therapy within five months. The findings of the study are inconclusive but they indicate differences between voluntary and court patients. Voluntary patients use the hospital for habit reduction and savings. It seems that voluntary and court patients should be separated because of conflict of status. Generally, addict patients lack good judgment and maturity.

69. Shelly, Joseph A., and Bassin, Alexander. "Daytop Lodge - A New Treatment Approach for Drug Addicts," Corrective Psychiatry and Journal of Social Therapy, Vol. 11, No. 4, 1965, pp. 186-195.

Because of poor results of conventional methods of handling drug addiction in the New York area, a new plan was proposed that would (1) establish a half-way house for the treatment of addicts on probation; (2) evaluate and compare the rehabilitative effects of such a place with results of specialized case load supervision of addicts on probation; (3) formulate a program that would reorient the value system and status organization of the addict for reintegration into society; and(4) test the process of thin-layer chromatography as a method of determining progress of the drug abstinence program. The general

set up follows that of the Synanon House in California. During the early orientation period the fact is stressed that the addict is essentially an immature, irresponsible child, and that the only cause for being an addict is stupidity. From this position of a child the institution begins a resocialization process to reform the addict into a man, mainly by group therapy sessions in which there is no formal leader. Within the house there is a status system that is based on hard work, honesty, integrity, and concern for their fellow men. The approved method of moving is the length of time a resident has remained clean off drugs. The Daytop program is basically experimental for rehabilitating and resocialization of the drug addict, but on the basis of the present performance of the group, it has been suggested that a much larger setup be undertaken that could handle 300 to 1,000 addicts, including a number of females.

70. Wikler, Abraham. "On the Nature of Addiction and Habituation," British Journal of Addiction, Vol. 57, 1961, pp. 73-79.

Addiction, once established, is probably affected by unconscious or operant conditioned responses that make the obtaining of drugs a way of life. Even when the addict is motivated to seek treatment, his long history of drug-seeking may facilitate relapse and either evasion or termination of voluntary treatment.

71. Winick, Charles. "Drug Addiction: Enforcement and/or Treatment," In: Rosenberg, Bernard, Gerver, Israel, and Howton. F. William, eds. Mass Society in Crisis. New York, Macmillan, 1964, pp. 401-404.

In the last few years, there have been advocates of both punitive and nonpunitive programs, and proponents of both extremes have reported success. Lindesmith has advocated allowing physicians to supply drugs to addicts. Another procedure for liberalizing treatment that has been tried experimentally is the psychotherapy of addicts while they are still on drugs, leaving the question of addiction up to the patient. At the other extreme, Anslinger of the Federal Bureau of Narcotics maintains that the agency's methods are effective, pointing to the decrease of addicts since the passing of the Harrison Act. Anslinger says there should be a compulsory commitment of the drug addict. In a number of jurisdictions, mandatory minimum sentences must be imposed by the judge. This has made it more difficult for the police to rely on informers who in the past could be promised a light sentence. (805)

72. Winick, Charles. "Problems of Addiction and Clinical Psychology," In: Abt, Lawrence E., and Reiss, B.F., eds. Progress in Clinical Psychology. New York, Grune & Stratton, Vol. 6, 1964, pp. 172-183.

Work done in the last five years on the problems of addiction by various branches of clinical psychology is discussed in terms of the effects of drugs, theories of addiction, uses of the MMPI and other tests and comparisons of drug users and alcoholics; the establishment of clinical typologies, pilot projects, experiments in treatments and follow-up studies. In the study of the effects of drugs, an index of consistency for estimating reliability of response and a method for quentifying the attitude of addicts toward opiate-like drugs were developed and work was done in evaluating the effect of morphine. The greatest activity with respect to theories of addiction was in psychoanalytic approaches. A number of reports suggested various social factors involved which are major contributors to addiction. The United States Public Health Service hospital in Lexington has produced a number of studies based on the administration of the MMPI to former narcotic users. A number of other tests have been used to

differentiate various characteristics of drug users. In studies of the relationships between the use of alcohol and the intravenous use of narcotics, the shift from alcohol addiction to opiate addiction was found to represent an additional regressive step when the patient was unable to gain stability through previous defenses. Various clinical typologies of addiction have been established by intensive clinical interviews with specific subgroups in the addict population. Pilot projects for rehabilitation of addicts employing clinical psychology were held in Chicago and New York City. Group psychotherapy, the most widely used type of psychotherapy in the last five years, was used in New York City and at the United States Public Health Service hospital in Fort Worth. Follow-up studies in New York State suggested the possible merit of intensive, authoritative casework that can be provided by parole officers with a small and specialized casework. (494)

73. Winslow, Walker. "Synanon: An Application of the Reality Principle." The Municipal Court Review, Vol. 4, No. 3, 1965, pp. 18-20.

Of the 860 hard line addicts to narcotics, dangerous drugs, or alcohol who have come to Synanon, fifty-five percent have stayed and remained addiction free. The basic technique of Synanon is simple in its essentials: a newcomer is not required to express a clear-cut desire to get well; that the pressure of the street has become too much for him is sufficient. If addicted when admitted, he is given to understand that he must come off the habit without any chemical help. Older members help the new arrival through the ordeal of withdrawal, but there is never any sympathy toward the person as an addict and there is no gain to be made by acting out suffering. In the beginning, the new member is accepted as a not very bright child and is expected to obey orders. Synanon group meetings are the focal point of the newcomer's regimen where he is exposed to every member and drawn into participation; resentments of the day may be released without fear of reprisals, and through group discussions, he learns to deal with his emotions and the superficial facades that have protected him in the past. Deprived of his neurotic techniques he learns to relate to his fellows. Any habitual offender stands to gain from Synanon and the majority are able to take the discipline and insight they need because it is supplied by their own kind. (1782)

74. Yablonsky, Lewis. "The Anticriminal Society: Synanon," Federal Probation, Vol. 26, No. 3, September 1962, pp. 50-57.

This article gives the background of Synanon and how its group treatment philosophy came about. Synanon is the name for an anticriminal community which tries to help criminals and addicts to find it no longer necessary to use drugs and commit crimes. The daily programs include some type of work and leaderless group psychotherapy. This gives each individual the chance to become involved and achieve status as well as to play a legitimate role. A new outlook on life helps develop new goals and values for the individual. "A side consequence is the development of self-growth, social awareness, the ability to communicate and empathetic effectiveness. When these socialization processes are at work and take hold the youth becomes reconnected with the legitimate society and no longer finds it necessary to use drugs or assume a deviant role."

75. Yablonsky, Lewis. The Tunnel Back: Synanon. Macmillan, New York, 1965.

Synanon was founded in 1958 by Charles E. Dederich, a layman with a genius for understanding and solving human problems. It is a new approach to life that has helped more than five hundred men and women to find a new existence, to lead

constructive lives and to overcome a past of crime and drug addiction. It is a new method of group and attack therapy, an effective approach to racial integration, a humane solution to some aspects of bureaucratic organization, and a new kind of communication. The history of Synanon is a story of the use of ex-addicts to wean away narcotics users with a success rate far higher than that of other institutions and a story of a community's opposition against ex-criminals and addicts trying to solve their own problems. Vitally important to the Synanon movement are the thousands of visits and the support of citizens from all walks of life; Synanon members, on the other hand, have filled more than one thousand speaking engagements to colleges, universities, churches, and other community groups. This social interaction between Synanon and the public has been of inestimable value in educating the public about the problem of addiction and may well be one of the secrets of its success. A Synanon house group first introduced group therapy sessions into the prison environment and a successful program has been built into one Nevada State Prison. Synanon's methods are based on the profound belief that people can help themselves without professional therapy and on the supposition that if a particular social configuration of people and beliefs can produce a person's problem, another constellation of people operating within the framework of a constructive social system can ameliorate the same problem. (628)

76. Bailey, Walter C. "The Supervision of Paroled Drug Addicts (in California)," NPPA Journal, Vol. 5, January 1959, pp. 53-62.

The California Division of Adult Paroles summarizes the problems of paroled addicts and techniques for handling drug addiction. (After careful definition of terms, the typical stages of the addict behavior complex are explained.) Methods for identification of addicts in the caseload and establishment of realistic goals for their supervision are outlined.

The parole officer's personality, his understanding and acceptance of others, his personal warmth yet firmness, and his respect for the individuality of the addict is the basic tool of supervision. Often treatment is based on the addict's liking of the parole officer, but the treatment-management approach must consider also the negative feelings of the addict. Methods of gaining respect of the parolee are related to the officer's behavior as a person. The parolee must consider him as an expert in drug addiction and in human relations, and respect him as an authority figure. Humane methods for recognizing active addiction, for reducing fears and anxieties, cannot condone browbeating or bargaining with the parolee to learn of his sources of supply.

77. Chapman, Kenneth W., M.D. "The Addict and the Community," Federal Probation, Vol. 21, March 1957, pp. 41-44.

Efforts on behalf of the drug addict have been generally ineffective. The role of the Federal hospital program for the treatment of addicts is often misunderstood, mainly in demanding a "permanent cure." Experts agree that addiction is a medical problem, yet hospital treatment is insufficient in itself and supervision and other supportive community services are needed to stem relapse. There has been a tendency to overgeneralize in dealing with addicts. Hastily passed laws to "get the addict off the street" for long periods of time do not differentiate among the many types of persons who are addicts and thus do not supply enough varied techniques for dealing with individuals.

Society's attitude towards addiction is ambivalent, recognizing it as an illness on the one hand, yet wanting to punish it, on the other. There is a need for proper rehabilitative techniques made to fit the individual needs. Many addicts are not basically criminal types and nonpunitive methods of treatment would bring better results than punitive ones. The convicted offender should be given hospital treatment, "followed by an extended period of conditional release under supervision by specially trained personnel."

78. Diskind, Meyer H. "New Horizons in the Treatment of Narcotic Addiction," Federal Probation, Vol. 24, December 1960, pp. 56-63.

In November 1956, the New York State Division of Parole, established the Special Narcotic Project in an attempt to lower the high rate of recidivism among addicts on parole and probation. It had been recognized that "traditional treatment" for relapsed parolees - rearrest for parole violation, reinstitutionalization, reparole, etc., did not solve the problem and that community protection was one of the Parole Division's responsibilities. Four parole officers with a maximum of 30 parolees each were set up. It was felt that the "authoritarian" approach would be more effective in sustaining the released addict because the average addict is passive, withdrawn, and weak-willed. He requires a strong and dynamic external guidance and push, which can be provided only by aggressive and authoritarian casework. But parole alone cannot do it and other agencies with vocational, educational, hospital, and psychiatric programs have to cooperate. "Parole can serve as a coordinating force because of its authoritarian nature which some other agencies lack."

79. Klonsky, George. "Extended Supervision for Discharged Addict-Parolees," Federal Probation, Vol. 29, No. 1, 1965, pp. 39-44.

A follow-up study was made to ascertain and evaluate the subsequent adjustment in the community of sixty-six former addict-parolees who had successfully completed parole while part of the Special Narcotic Project within the New York State Division of Parole. The Project had provided intensive casework services and treatment within an authoritative setting. Though the primary purpose of the study was to ascertain whether or not the former parolee had reverted to drug use after the legal restraints of parole supervision had been removed, it also explored the value of a longer period of parole. The study findings indicate that some addict-parolees can be helped to abstain from drugs if their supervision is extended. (1624)

80. Konietzko, Kurt O. "The Philadelphia Parole Narcotics Project," American Journal of Correction, Vol. 28, No. 2, 1966, pp. 12-14.

In order to cope with a six-fold increase in known narcotics addiction within the decade, the Pennsylvania Board of Parole in the Philadelphia District Office established a special narcotics unit. Four experienced parole agents and an assistant supervisor were assigned to handle paroled narcotics offenders. To evaluate the program, a research project was developed to accumulate data which might be used to create actuarial tables to form hypotheses for the treatment of addicts. Although findings are highly tentative, narcotics addiction can be controlled. (5882)

81. Reichard, J. D., M.D. "The Role of the Probation Officer in the Treatment of Drug Addiction," U. S. Public Health Service Hospital, Lexington, Ky., Federal Probation, Vol. 6, October-December 1942, pp. 15-20.

The role of research at Lexington has been to get accurate knowledge on the nature and appropriate treatment of drug addiction. "The attitude towards the patient should be objective, that is, he should be regarded as ill and not as vicious, as unfortunate and not deliberately trying to make life complicated for the probation officer." On the other hand, the probation officer must learn to "adopt the same attitude toward the addict that society is slowly learning to maintain toward the recovered mental case. If the recovery is only temporary, we are learning that the patient should again be returned for treatment to the psychiatric institution, and again accepted when discharged. The drug addict, too, is a sick person who needs help, not only once, but repeatedly; he may at times have to be restrained for his own good, but even if one of more treatments fail, he must be given additional opportunities for rehabilitation."

82. Shelly, John A. "Probation for the Drug Addict," Focus, Vol. 31, January 1952, pp. 1-6.

Some of the goals of rehabilitating the narcotic addict are: his return to the community; to regain his self-respect, and be self-supporting. One of the most difficult aspects of treating the addict is to rid himself permanently of the habit, for he must develop a desire and ability to live without the drug. Physicians believe that the favorable adjustment in the community requires at least 3 years of post-hospitalization supervision.

The author presents a discouraging but realistic argument for the treatment of addicts on probation: 85% eventually return to drugs; they represent the emotionally immature, socially maladjusted individuals who, even without

being addicted would be problems to someone. The author states also that a tremendous amount of willpower is needed to combat the craving for narcotics and that those with weak characters will suffer relapses.

83. Travers, Paul. "An Experiment in the Supervision of Parole Offenders Addicted to Narcotic Drugs," The American Journal of Correction, Vol. 19, March-April 1957, p. 44.

The author, assistant area director of the New York City Office of the New York Parole Board, relates an experiment on supervision of successful parolee-addicts. The Board realized that addicts usually relapse, resume the use of drugs and thus become violators. They decided to work with these addicts on a limited scale. A $30,000 appropriation was made to employ supervisors with a limit of 30 addicts per worker. It was expected that many would relapse and therefore, the Board empowered them to work with the parolees without declaring them to be violators. Since no hospitalization is available. they are kept most of the time in the City Jail, until they are again withdrawn from drugs. When it appears that the community is protected and no new crimes have been committed then the relapsee is reinstated on parole.

The success of the program will depend largely upon the patience and judgment of the individual supervisors and their ability to gain the complete confidence of those supervised by them.

84. Vaillant, George E., M.D. "Drug Dependence and Alcohol Problems, A Twelve-Year Follow-up of New York Narcotic Addicts; I. The Relation of Treatment to Outcome," The American Journal of Psychiatry, Vol. 122, No. 7, January 1966, pp. 727-737.

A sample of 100 addicts from New York City, committed to Lexington, between 1952 and 1953, was followed-up for 12 years. 96% of the volunteer patients relapsed within one year, and 67% of those who received at least nine months of imprisonment and one year of parole were abstinent for a year or more.

96% of the patients shared at least one of the following background characteristics: a broken home, a parent from a different culture, or residence with a female relative at age 30 or afterwards.

The author states that his data shows that "abstinence was not only correlated with age but...with compulsory supervision. The combination of imprisonment and parole was far more effective than long imprisonment alone. The effectiveness of the long prison sentence is that it is often accompanied by enforced parole. The author says also that "In the treatment of addicts, the mandatory sentence, which forbids parole and thus provides less opportunity for community supervision, appears specifically contraindicated." He speculates that "...the authoritarian treatment of addiction is beneficial not because it punishes but because it enforces, and hence meaningfully cares about certain of the addict's needs..."

VI. CASE HISTORIES AND POPULAR ARTICLES

1. Case Histories

85. Becker, Howard S. Outsiders: Studies in the Sociology of Deviance. New York, The Free Press of Glencoe, 1963.

Book defines "the outsider" or deviant in general, and 2 chapters study the marihuana user, while another chapter discusses the Marihuana Tax Act and the people who make and enforce the rules to which outsiders fail to conform. Author conducted 50 interviews with marihuana users to test hypothesis that marihuana use usually is for pleasure. He concludes that a person becomes a marihuana user only when he learns to smoke it in a pleasure-producing way, learns to realize that the effects produced are due to drug use, and learns to enjoy the effects. The author discusses the development of marihuana use or the deviant career, and how people break away from social controls of society and become responsive to those of a small group.

86. Ebin, David, Ed. The Drug Experience. Orion Press, Inc., New York, 1961.

Selections from the autobiographical writings of addicts and persons closely associated with them.

87. Goldstein, Richard. 1 In 7: Drugs on Campus. New York, Walker and Co., 1966.

This book is based on interviews with student drug users from over 50 colleges and universities. It estimates that fifteen percent of the nation's college students have entered into drug experiences.

88. Harris, John D. The Junkie Priest: Father Daniel Egan, S.A. New York, Coward-McCann, Inc., 1964.

This is the story of Father Egan's efforts to help the abandoned and ostracized drug addicts.

89. Larner, Jeremy. Ed. (From tape recordings collected by Tefferteller, Ralph) The Addict in the Street. New York, Grove Press, 1964.

Personal accounts based on tape-recorded interviews with 10 young addicts - nine males and one female - are presented, and they describe the sordidness of the life of an addict. Two accounts by mothers of addicts are also included. These interviews represent a selection from a larger number of interviews conducted at the Henry Street Settlement, New York City, over a period of seven years. The interviewer, who is an associate Director of the Settlement, has known many of the interviewees since their childhood.

90. Mills, James. The Panic in Needle Park. New York, Farrar, Straus and Giroux, Inc., 1966.

The case histories of two New York City addicts and speculation as to reasons why they became addicted.

91. Thomas, Piri. Down These Mean Streets, Alfred A. Knopf, New York, 1967.

This is the story of what life is like in New York's Spanish Harlem. It is one story of second generation conflict and how a boy grows into a "macho" and asserts himself as a male. His journey takes him through the streets of Harlem and the New York suburbs until he finally reaches the point where he finds

himself and understands why he does what he is doing. His description of drug addiction and withdrawal, his prison sentence and the world of prisons shows how he emerges as a man who at last understands himself and the world around him. The jacket calls this "a stunning autobiography of corruption and innocence. The language is the most corrupt of the city and also that of the most innocent reaches of the human heart, and it reveals overwhelmingly a man's deep masculine integrity and his need to understand himself and why he does what he does."

2. Popular Articles

92. Berger, Herbert, M.D., and Eggston, Andrew A., M.D. "Should We Legalize Narcotics?" Coronet, Vol. 38, June 1955, pp. 30-34.

Two doctors plead for the setting up of narcotic clinics for confirmed addicts. They believe that under careful medical supervision clinics are the best solution to the ever-increasing number of addicts, peddlers, and crime related to narcotic addiction. The suggested plan proposes to have strict regulation of the drug traffic under the law-enforcement agencies, to have the control of addicts and addiction under medical supervision.

93. Lindesmith, Alfred R. "Traffic in Dope - Medical Problem." The Nation, Vol. 182, April 21, 1956, pp. 337-440.

This is a 1955 study where the author compares the British drug control program with the American program. There were 300 known addicts in England as compared with an estimated 60,000 in the United States. The majority of the addicts in Great Britain are over 30, while about 50 percent here are under the age of 25. There is no large illegal drug traffic and English addicts commit crimes only in rare instances. The addict can obtain drugs legitimately at low costs and does not have to resort to crime or black market to obtain drugs. The author concludes that the British system has not been greatly abused even though the fine for violation does not exceed $280.

In tracing the history of drug legislation in this country, the author is convinced that prevention is a much better control than legislation and that the addict should be treated rather as a sick person than as a criminal. "Punishment neither deters nor reaches the racketeering element in the narcotics traffic."

94. Murtagh, M., Judge and Harris, Sara. Who Live in Shadow, New York, McGraw Hill Book Co., Inc., 1959.

This book consists of 4 parts: (1) Junktown, U.S.A., (2) Anatomy of a Mob, (3) Addiction and the Law, and (4) Deliver Our Children. Part I contains mainly case histories and its major theme is hopelessness and that the drug addict does not want to be cured. Part 2 - Anatomy of a Mob - portraits the "Mob" or the Mafia as a powerful and efficient business organization which engages in illicit narcotics traffic because of financial gains. The authors put the blame for this on the existing Narcotic Laws which enrich certain "mobsters" and makes the addict dependent upon them. The third section - Addiction and the Law - gives the author's views that the existing laws are unrealistic and make criminals out of addicts, that enforcement agencies, on all levels, have not and will not be able to stop trafficking, and that the police forces or induces addicts to become informers. Part 4 presents recommendations such as: permit doctors to prescribe drugs for addicts, not only for treatment purposes but to sustain their habit, educate the public to the evils of drug addiction, etc. They attribute to the former Commissioner of Narcotics, Anslinger, punitive or restrictive laws on narcotics without mentioning that Congress makes and passes laws.

The authors subscribe to the permissive approach based on: 1) addicts do not want to be cured; 2) law enforcement has not been able to enforce existing narcotic laws; 3) the hospital approach for treatment has been ineffective; 4) the public, in demanding stricter legislation, has been misguided; 5) the U.S. legislative bodies have an archaic orientation in their attitude towards drug addiction.

95. Samuels, Gertrude. "The People Versus Baby," The New York Times Magazine, January 17, 1965, pp. 40-53.

This is a narrative study of Baby and two other narcotic addicts. They are charged with loitering for the purpose of using and obtaining narcotics, at the Manhattan Criminal Court. Their trial and final dispositions are detailed. Emphasis is placed on Baby, her prior history, including her repeated attempts to reform, her history of hospitalization, her religious crusades, and the number of felonies committed in order to obtain money and narcotics. Mrs. Samuels is sympathetic and understanding and states that the addict is a sick person who should receive medical care and not be prosecuted as a criminal.

96. Sonders, Frederic, Jr. "This Problem of Narcotic Addiction - Let's Face It Sensibly." Reader's Digest, Vol. 75, September 1959, pp. 44-49.

Despite longer sentences for peddlers the control of the narcotics traffic and of addiction is still a serious problem in New York. Most addicts start with marihuana and graduate to heroin or morphine.

Various treatment plans are reviewed by the author, including the New York City clinic plan, which has been declared to be a failure. Nevertheless, there seems to be much interest in the revival of this experimental clinic treatment program by those who consider the British System as a success. An investigation of the British system showed that the drug problem in Great Britain is quite different from the American because the British addict is older and only in rare cases does he commit crimes. There are also no clinics there dispensing narcotics but physicians prescribe for addicts and are held strictly accountable by the police and medical agencies. The author believes that the two USPH hospitals, Lexington and Fort Worth, are very worthwhile but even their treatment plan cures only one out of every five patients.

The most sensible solution, from the point of view of the author, is to combine supervision and treatment programs after discharge and to include job, family, and health counseling. The public must realize that there is a great need for costly research and treatment programs and no easy and cheap way to tackle narcotic addiction.

97. Bowman, Addison M. "Addiction and Criminal Responsibility under Durham," Georgetown Law Journal, Vol. 53, No. 4, Summer 1965, pp. 1017-1048.

This article relates the Durham rule of criminal responsibility to the narcotic addict. After reviewing the leading cases refining the Durham rule in the District of Columbia, the author examines the medical literature describing the disease of addiction. Finally, he analyzes this disease in terms of criminal responsibility under Durham, and concludes, that a showing of addiction should be sufficient to present a jury question of insanity. His analysis also includes suggestions for the presentation of the insanity defense in this type of case.

98. Fort, Joel. "The Mind-Altering ("M.A.D.") World: The Social and Public Health Perspective," American Journal of Orthopsychiatry, Vol. 37, No. 2, March 1967, pp. 338-339.

An abstract of a paper which discusses mind-altering drugs, such as narcotics, LSD, Marihuana, as well as basic terminology and concepts assessing drug abuse in our society. "The use by the 'establishment' of illicit drug use as a scapegoat for striking at non-condorming behavior or minority groups; its use as a smoke screen by politicians to obscure much more important social or criminal problems; elements of anti-intellectualism; and anxiety over pleasure (euphoria) are touched upon." The author asks: "Is drug use a barometer reflecting serious social pathology including widespread alienation, boredom, poverty, etc.? ...What sins of omission and commission have led to the present mythologies and laws?" There is an urgent need to educate the public without propagandizing and for out-patient rehabilitation programs for those addicted. Drug addiction or abuse has to be treated within its proper perspective and we have to realize that there is no single, simple answer. (Paper was presented at the session on "Legal and Public Mental Health Issues in Drug Use.")

99. Giordano, Henry L. "Narcotic Law Enforcement and False Propaganda," Police, Vol. 10, No. 4, 1966, pp. 22-25.

Narcotic law enforcement has an obligation to present the facts surrounding the problem to the public, to overcome the false propaganda in the press and other news media, and to prevent the blind acceptance of "magic panaceas." A true-to-life image of the addict should be given to society. The public should be told that it is the criminal who turns to addiction, rather than the addict who turns to crime. It is no solution therefore to give free drugs to criminal drug addicts. The public believes that the pusher spreads addiction but the truth is that addicts breed addicts. Yet, influential people urge that free maintenance clinics replace the present programs of tight control and strict enforcement. In panel discussions, the views of narcotic enforcement should be heard. It should be pointed out that the "British System" has resulted in an increase of 100 percent in the number of nonmedical addicts from 1958-1962; that law enforcement has reduced the heroin supply; and that it would be folly to provide virtually free drugs from the proposed "clinics" with taxpayers footing the bill. (4903)

100. Lindesmith, Alfred R. The Addict and the Law. Bloomington, Indiana University Press, 1965.

The book is primarily concerned "with addiction to opiate drugs and their equivalents. These drugs are so completely different from marihuana and cocaine that they cannot intelligently be discussed together with them." The author devotes one chapter to marihuana and points out the consequences that have ensued because "our lawmakers have failed to make this elementary distinction."

The book discusses the history of law enforcement for narcotic offenders in the U. S. and how penalties were being increased over time. The author states that each discipline involved in investigating addiction has its own interest and point of view, i.e.: pharmacologists tend to have pharmacological theories, sociologists tend to have sociological theories, etc., with neither field convinced by the other.

101. Logan, Albert B. "May A Man Be Punished Because He Is Ill?", American Bar Association Journal, Vol. 52, No. 10, 1966, pp. 932-937.

U. S. court decisions disclose a legal anachronism based upon archaic social stigma and ignorance. Judicial decrees that narcotic addicts and alcoholics are sick persons and are beyond the jurisdiction of the criminal law may have many legal ramifications and a great social impact. (6012)

102. Mandel, Jerry. "Hashish, Assassins, and the Love of God," Issues in Criminology, Vol. 2, No. 2, Fall 1966, pp. 149-156.

The article gives the background of federal narcotic legislation and shows "covert rationales for some of the legislation which established the criminality of drug use." The author warns those who wish to legalize the use of marihuana with tongue in cheek: "...the myth of hemp - induced assassination has survived almost 900 years and recent official assertions of it have never been challenged."

103. Murtagh, John M. "Dilemma for Drug Addicts," Municipal Court Review, Vol. 5, No. 2, 1965, pp. 15-18.

In response to individuals and groups alarmed by the growth of drug addiction, Congress, in 1914 passed the Harrison Act. It is not a prohibitory statute. It is more in the nature of a regulating act by which Congress sought to control the distribution of drugs by use of the taxing power. However, the federal government, through the Treasury Department, applies the Act as if it were criminal and not prohibitory. The American Medical Association played a great part in persuading the Treasury Department to seek from the courts an interpretation of the Act which would forbid doctors to administer drugs in the course of therapy for addiction. The result was that the drug addicts who possess a pathological problem and who are also individuals socially and emotionally disturbed have been deprived of individual medical care as doctors refused to run the risk of indictment and prosecution for administering drugs in treatment. Organized crime soon saw the enormous profits to be derived from smuggling and illicit traffic, number of pushers, addicts and arrests for possession of drugs in New York has become phenomenal. Doctors have all but deserted the addict. There are virtually no outpatient clinics to which the addict can go. The federal institutions at Lexington, Kentucky and Fort Worth, Texas, have been trying to develop a cure with little or no success. Recently, the City and State of New York have established several institutions experimenting in the care of and treatment of addicts to which addicts are permitted, in some cases, to volunteer for civil commitment in lieu of criminal prosecution. Addiction is a condition of human degradation which calls for humane tolerance and christian charity. A reassessment of our approach to this problem is indicated. (2963)

106. Prosser, William L., Ed. "The Narcotic Problem." UCLA Law Review, Vol. 1, June 1954, pp. 405-546.

The review has a 9-page bibliography, cites pertinent state laws and contains 11 articles related to the narcotic problem. Most authors, except a few, hold the opinion that drug users are a menace and that the use of drugs has to be policed. The titles of the articles are: History; The Drugs; Addiction; Treatment; Youth and Narcotics; International Control; Federal Control Smuggling; State Laws; Enforcement; and Sentence, Probation and Parole.

105. Bennett, James V. "A Prison Administrator Views Today's Narcotics Problem." Symposium On the History of Narcotic Drug Addiction Problems. National Institutes of Health, Bethesda, Md., March 27-28, 1958.

An overview of the narcotics problem in general, federal efforts of solving the problem, and figures and facts on the characteristics of federal offender addicts, such as geographical distribution, race, color, age, type of offense, as well as types of treatment.

106. Chapman, Kenneth W., M.D. "Drug Addiction: The General Problem," Federal Probation, Vol. 20, No. 3, September 1956, pp. 39-44.

This is a summary of our present (1956) state of knowledge on the subject and presents "facts about the uses of drugs, misconceptions, misinformation, and efforts made to control the drug traffic." Addicting drugs were known as far back as in the stone ages. Addiction goes through cyclic phases in the U. S. and there is awareness now that "drug addiction is a medical problem...and can best be treated by therapy instead of punishment." The article discusses the extent of the present-day addiction problem, estimates on the number of addicts, their characteristics, their similarities and differences, and that not all users of drugs become addicts. The author mentions that "Countermeasures include such hysterical devices as fantastic terms of imprisonment, anything to get the addict out of sight and out of mind."

107. "The Curse of Addiction." Spring 3100, Vol. 36, No. 5, 1965, pp. 11-27.

Most of today's addicts in the United States use heroin which is both the most profitable drug for peddlers and the most harmful drug for users. Many people use narcotics in order to escape from reality, and for the young and insecure, drugs hold a particular fascination. The continued use of heroin creates a psychological and physical dependence which becomes unshakable with time. Medical authorities believe that a cure can be effected only under hospitalization and constant supervision rather than under any form of home treatment. Aftercare treatment clinics have been established in Harlem and Astoria, New York, in an attempt to continue treatment after release from a hospital. As a result of the growth of addiction in the United States, the federal government and the medical profession have joined forces in their fight against drug abuse. The best way of destroying the illicit dope market is to kill it at the sources of supply through international governmental cooperation. A description of the categories of drugs and how they are used is given, and operations of the Narcotics Bureau are defined. A glossary of terms used in the dope racket is also given. (1298)

108. Drug Addiction. In: Schur, Edwin M. Crimes Without Victims: Deviant Behavior and Public Policy, Abortion, Homosexuality, Drug Addiction. Englewood Cliffs, New Jersey, Prentice-Hall, 1965, pp. 120-168.

Although it is not a crime in the United States to be a narcotic addict, the practical effect of laws that make it illegal to possess narcotics and of regulations banning the prescription of these drugs to addicts by physicians make it a crime. The addict's illegal purchase of narcotics thus clearly constitutes a victimless crime. The addict is not likely to complain about his supplier and hence the laws banning the sale of narcotics are highly unenforceable. The results of this situation in shaping the addict's self-image and behavior are profound. To evade police and maintain contact with illegal sources of supply,

together with the shared problems of adjustment, lead to the development of a subculture of narcotic addicts. The problem of narcotics addiction thus embodies tendencies observed in the social problems of abortion and homosexuality. Treating the addict as a patient rather than as a criminal may drastically reduce the secondary aspects of the narcotics problem by making it unnecessary for him to turn to crime to pay for illegal purchases. Proposals for reform aimed at abolishing the illicit traffic in drugs and placing addicts under medical care often include the possibility of medical provision of low-cost drugs where it is thought necessary. Such plans are still controversial, but compromise laws have already been passed in some states. The prospects for reform will depend on the attitudes toward addiction developed by professional groups and disseminated to the public at large.

CONTENTS: The "dope fiend" myth; Causes of addiction; Drug laws and enforcement; Addict crime and subculture; Treatment; The British experience; Steps toward reform; Arguments against legalization; Public attitudes toward addicts; Summary. (4785)

109. Duncan, Tommie L. Understanding and Helping the Narcotic Addict, Prentice-Hall, Inc., Englewood Cliffs, N. J., 1966.

The Chaplain of Fort Worth has written a book based upon his knowledge of the problem of addiction from the point of view of a Chaplain. He identifies and discusses the various drugs and their addicting effects on individuals. He discusses the characteristics of the addict and how they acquire the habit and states that "Drug addiction doesn't actually happen accidentally. The person... must have some predisposing characteristics in his personality." There is one chapter "Methods of Using Drugs," another one on popular misconceptions about drug addiction, and Chapters 5 through 10 deal with how a minister can help the addict. One of these is "Other Groups Helping the Addicts" and discusses programs such as NA, Synanon, and East Harlem Protestant Parish.

110. Isbell, Harris. "Historical Development of Attitudes Towards Opiate Addiction in the United States" in Conflict and Creativity. Eds., Seymour M. Farber and Roger H. L. Wilson. New York: McGraw-Hill Book Co., 1963, pp. 154-170.

The article discusses some of the factors affecting change in public attitudes toward opiate addiction during the past century.

111. Maurer, David W. and Vogel, Victor H. Narcotics and Narcotic Addiction, Charles C. Thomas, Springfield, Ill., (2nd ed.), 1962.

The purpose of this book "is an attempt to describe the various drugs of addiction and to report the effects...on the physiology and psychology of those who are addicted." The authors wrote this book "primarily for government officials and law enforcement officers, including the police, narcotic and customs agents, judges, probation officers, social and welfare workers, prison and reformatory officials, attorneys, criminologists, the clergy, teachers, and writers." And it "should be of interest to the physicians who desire a general knowledge of narcotics and narcotic addiction."

112. O'Donnell, John A. "Narcotic Addiction," Encyclopedia of Social Work, Harry L. Lurie, ed. 15th Issue, (1965), pp. 522-526.

The article has sections on (1) narcotic addiction; (2) extent of the problem; (3) etiology; (4) control measures; (5) treatment programs; (6) recent developments; and (7) controversial issues.

113. O'Donnell, John A. and Ball, John C., eds. Narcotic Addiction, New York, Harper & Row, 1966.

The purpose of this volume is to present the major contending viewpoints on narcotic addiction. It is divided into three sections: (1) an historical perspective on the addiction problems in the United States; (2) causes and effects of addiction; and (3) treatment programs and trends.

CONTENTS: The world of Needle Park, by James Mills; Narcotic addiction, by Perry M. Lichtenstein; Enforcement of the Tennessee Anti-Narcotics Law, by Lucius P. Brown; The opium habit in Michigan, by O. Marshall; Medical aspects of opiate addiction, by Harris Isbell; Heroin addiction among young men, by John P. Fort, Jr.; Basic problems in the social psychology of addiction and a theory, by Alfred R. Lindesmith; Becoming a marihuana user, by Howard S. Becker; Narcotics use among juveniles, by Isidor Chein; Narcotics and criminality, by Harold Finestone; Physician drug addicts, by Michael J. Pescor; Review of the operation of narcotic "clinics" between 1919 and 1923, by Council on Mental Health, American Medical Association; The Academy's proposals, by New York Academy of Medicine; Controversial issues in the management of drug addiction: legalization, ambulatory treatment, and the British system, by David P. Ausubel; Differential association and the rehabilitation of drug addicts, by Rita Volkman and Donald R. Cressey; Bibliography on narcotic addiction. (5278)

114. Report on Narcotic Addiction, publication by the Council of Mental Health of the American Medical Association, December 1957.

This is a complete study of the narcotics problem. The AMA states that the medical profession advocated passage of the Harrison Act, closing of the Narcotic Distribution Clinics (1919-1924), and the restrictive Supreme Court decisions.

115. Smith, Roger. "Status Politics and the Image of the Addict," Issues in Criminology, Vol. 2, No. 2, Fall 1966, pp. 157-175.

The author states that the issue of drug addiction was used to "play politics" by persons in "high status positions" so that they could "officially degrade and differentiate a minority." He gives as an example the case of Chinese and Japanese minorities on the West Coast where "the issue of drug use was, in fact, secondary to the economic issues involved in the presence of these two groups." He talks also about the narcotic clinics which operated from 1919 to 1923 and traces the reversal which led to the present national narcotics policy to the reversal in the image of the narcotic addict. The author states that "The development of an analytical scheme from which historical material may be interpreted, can serve as the basis to realistically assess our present drug problem and arrive at legislation which precisely addresses that problem."

116. Solomon, David, ed. The Marihuana Papers, New York: The Bobbs-Merrill Co., Inc., 1966.

This is a comprehensive reference book that brings together classic as well as contemporary articles about marihuana. Many experts in the field have contributed papers. In addition, the book has excerpts from U.N.E.S.C.O. Reports as well as the "Mayor's Report - The Marihuana Problem in the City of New York." The editor's point of view is given in the foreword: "The Marihuana Papers, then, have been compiled with the express purpose of supplying the accurate and

authoritative information needed to perform the belated last rites for the marihuana myths. In addition to changing people's minds about marihuana, it is further hoped that this anthology will serve as a basic factual manual for that growing number of concerned, courageous Americans who, in recognition of the plant's many virtues, risk official disapproval by openly arguing and campaigning for its legality."

117. Straus, Nathan 3rd. Treatment Before Cure: A Practical Approach to the Problem of Drug Addiction. New York, 1965.

Since the problem of narcotics addiction is serious because of the tremendous damage it inflicts on the community in economic and social terms, priority must be given to treating the addict and minimizing the social and economic impact of addiction while the search for means of prevention and cure is intensified. The programs that have been attempted in the United States up to now show no evidence of having an effect on the problem because they have been predicated on curing the addict when, if fact, there is no widely applicable, permanent cure known today. The urgent need now is for a broad program of research and experimentation to find answers to many basic questions. Intensive efforts must be made to induce physicians and young scientists to enter this new field which seriously lacks the qualified professional personnel, particularly doctors required for an effective program. Particular emphasis should be placed on experimental treatment methods for addicts on an out-patient basis, under the direction of qualified medical institutions. Pilot projects, if conducted on a broad and intensive scale, will achieve two important objectives: (1) the long range goal of finding answers to questions which lead toward prevention and cure of addiction, and (2) an immediate start toward removing profit from narcotics traffic and bringing the addict from the street corner to the medical center for treatment. The federal government has the crucial responsibility to provide initiative, leadership, and funds to solve this problem. Washington must coordinate with state and local governments in developing and executing a forward-looking comprehensive program.

CONTENTS: Definition; the nature of the problem and its impact on the community; Brief historic background; The failure of civil commitment and other institutional approaches; The urgent need for research and experimentation; Rx for a new beginning; an expanded experimental program in the out-patient treatment of addicts; The moral question; Previous experiences with out-patient treatment programs; The clinic at Shreveport: pattern for achievement; The British experience; The opportunity for private initiative; The crucial role of the federal government; Summary and conclusions. (4938)

118. U.S. Congress, Senate, Government Operations Committee. Report: Organized Crime and Illicit Traffic in Narcotics, Washington, U.S. Government Printing Office, 1965, 127 p. (89th Congress, 1st Session, Report No. 72)

Joseph Valachi, at the subcommittee's hearings of 1963-1964, by his testimony, was instrumental in assisting the various police and investigation agencies in the revelation of the structure and operations of the Mafia or Cosa Nostra in the United States. He revealed the extent of the insulation of the hierarchy, which is the primary obstacle in the drive to wipe out crime; the history and criminal activities of Cosa Nostra; and New York City as the focal point of organized crime. Organized crime in the other great cities of the country are identified with Cosa Nostra. In order to cope with these organizations, the Attorney General, Robert Kennedy, suggested three weapons: (1) immunity legislation, (2) a law prohibiting membership in criminal organizations, and (3) wiretapping legislation.

The committee then examined the widespread illicit traffic in narcotic drugs beginning with the sources of production in the Near and Far East, smuggling operations and traffic routes to and from Europe, Latin America, and the United States, and the role of the Mafia in these operations. Traffic and addiction problems are enumerated, the characteristics of the addict are described, as is his place in society, and federal and New York City views on treatment and rehabilitation are discussed. New York State's Metcalf-Volker Act, the California Law, and the pros and cons of the United Kingdom's, Israel's, and the United States' experiences with ambulatory maintenance are evaluated. Corrective legislative proposals are made and additional views of three members of the committee are recorded. Conclusions and recommendations based on the facts and revelations of the hearings are given. (1415)

119. U.S. Congress, Senate. Organized Crime and Illicit Traffic in Narcotics. Hearings Before the Permanent Subcommittee on Investigations of the Committee on Government Operations. Washington, D. C., Government Printing Office, 1964, pp. 1149-1371 app., charts. (Part Five, 88th Congress, 2nd Session)

The testimony and statements of witnesses before the subcommittee describe the narcotic addict and the characteristics of the addiction phenomena. Treatment, aftercare and rehabilitation under supervision, extensive research and federal legislation necessary to insure success of the program were discussed, evaluated, and recommended. It was generally agreed that the addict should be treated as a sick person, not a criminal. Commitment should be a civil rather than criminal procedure. Several points of view were presented concerning treatment. There is basic disagreement over whether addicts should be given narcotics on a maintenance out-patient basis of ambulatory treatment. Supportive testimony is given for both sides. The experiences of New York City, California, Detroit, and the "British System" programs are described, evaluated and recommendations for improvement and correction offered. Excerpts from the President's Advisory Commission on Narcotics and Drug Abuse, Final Report, November 1963, are included. In the appendix are included Directory of Narcotics Addiction Service Agencies, other public service agencies, law enforcement agencies, school referrals, welfare centers, and a review of the illicit traffic throughout the world. (1815)

120. Wilner, Daniel M. and Kassebaum, Gene G., eds. Narcotics, New York, McGraw Hill, 1965.

In April 1963, a national Narcotics Conference was held at the University of California focusing on the problems of narcotics addiction in the United States. The incidence and prevalence of drug addiction, originally derived from medical and legal sources, now is gotten from police records. By 1962, the Federal Bureau of Narcotics said that there were 47,489 drug addicts known to the police in the country. Treatment and rehabilitation of the addict can be approached in various ways. There are two U.S. Public Health Service Hospitals for addicts. Programs organized by state and federal agencies, at voluntary metropolitan hospitals, aftercare, and the voluntary banding together of narcotics users in open society for the purpose of resisting relapse are all being tried. The New York Department of Mental Hygiene introduced an innovation in the commitment of confirmed drug addicts - civil commitment of users from police and court channels to the facilities of the Department of Mental Health for treatment for a maximum period of thirty-six months. The social psychology of addiction contains many different theories which try to explain it; e.g., it is viewed as motivated by certain personality traits, as a conditioning process, and as an expression of unsolved problems. There are at least three possible

ways of dealing with drug problems in the United States. The first is to continue searching for treatment schemes that might be effective within the present legal status of narcotics addiction. The second, also working without our present laws, seeks to provide protection from relapse through the group activities and insights of drug users themselves - the Synanon approach. The third way is to reappraise the status of drug addiction and redefine it as a purely medical problem, not a criminal one. (2639)

IX. STATE PROGRAMS.

1. California

121. Burkhart, Walter R. and Sathmary, Arthur. California Narcotic Treatment-Control Program: Phase I and Phase II, Sacramento, California Dept. of Corrections, Division of Research, 1963. Research Report #19.

52 percent of state parolees were still abstinent after six months on supervision.

122. California Department of Corrections. "Narcotics in California," Sacramento, California, 1959.

Because of the apparent spread of narcotic addiction in California, the State Board of Corrections sponsored a study to develop more factual information concerning narcotic offenders. In this study 2,297 convicted persons and Youth Authority wards in the state institutions were studied for the purpose of determining some of the background factors connected with addiction.

123. Carey, James T. and Platt, Anthony. "The Nalline Clinic: Game or Chemical Superego," Issues in Criminology, Vol. 2, No. 2, Fall 1966, pp. 223-244.

The authors describe the Nalline program being used in the San Francisco area. They describe the cooperation between law enforcement and other agencies and medical interests in the clinic. Participants in the clinic, participating doctors, police, and parole officers were interviewed as well as three clinics in the area observed. The clinic is discussed in terms of the functions it performs for the community.

124. McGee, Richard A. "New Approaches to Control and Treatment of Drug Abusers in California," Wilner, Daniel, and Kassebaum, Gene G., eds., Narcotics, New York: McGraw-Hill, 1965, pp. 263-273.

California's current approach to the addiction problem can be traced back to a meeting of the State Board of Corrections in 1957, and to a study which was authorized as a result of that meeting. In line with one of these recommendations, a pilot program designed to control, supervise, and treat parolees with histories of narcotic addiction, was set up. This project, which is still in operation, involves no modification of Prison treatment. Parolees are randomly assigned to experimental or control field parole units at the time of release. A halfway house designed to strengthen the parole supervision program was opened in Los Angeles in 1962 as a joint project of NIMH and the State of California. A parolee may be confined to a detention treatment unit for up to 90 days, if medical examination discloses or the parole agent learns that the parolee has begun to use narcotics. Treatment in the detention unit is largely psychological. As a result of a study completed in 1961, the legislature sharply increased the penalties for narcotics traffickers and established a procedure for compulsory treatment of addicts. The new Legislation provided for civil commitment, establishment of the California Rehabilitation Center, a mandatory aftercare program, including chemical testing and research. Case history and psychological test data are used in formulating the recommended treatment program for the committed addict. Research forms an important part of the California Program.

125. "Narcotics Addiction - California is First State to Attempt a Count," Medical Tribune, August 4, 1965.

California is the first state in the U.S. to attempt a count of the number of its addicts and was also the first to launch a rehabilitation program for addicts

in 1959. The state's physicians have had a great deal to do with both of these steps, and are also assisting in the detection of recidivism among former drug users through the nalorphine hydrochloride test. California has set up the State Bureau of Criminal Statistics to which every narcotics arrest in California must be reported and which serves as a basis for continuing study of the state's narcotics users. The registry now includes over 17,000 persons. Contrary to the expectation that the registry would be fairly stable after the hard core of the addict population was included, there have been approximately 100 new cases each month. California law now provides for an addict to request commitment to a state rehabilitation center at Corona. Commitment may be resorted to even in cases in which there has been an arrest for a law violation, and in such cases the criminal prosecution is held in abeyance. The addict remains at Corona for at least six months and may then be paroled after an evaluation. The parole is for seven years after the first commitment and 10 years after the second commitment. Corona now has 1,850 inmates, including 350 who have been readmitted because they used narcotics while on parole. Parolees are given the nalorphine test once a week. Of the first 300 California addicts placed on probation under the new policy, approximately 30 per cent are still off drugs.

126. Seckel, Joachim P. and Adams, Stuart. Narcotic Involvement Among California Youth Authority Wards: A Survey, State of California, Dept. of Youth Authority, Division of Research, Research Report No. 23, May 25, 1961

This survey was prompted "by the growing need for more adequate information on the characteristics and number of narcotic users and...represents a beginning toward a fuller understanding of the nature and extent of the narcotic involvement problem among youthful offenders. It is a base on which future studies can build."

A census was conducted of all 14,221 Youth Authority wards, on May 31, 1960, in order to determine the extent of their involvement in drug addiction. 1) There was evidence of involvement with illegal drugs for about 18 percent, with slightly higher rates for boys than girls; 2) about 75 percent of those with marihuana and 60 percent of those with heroin showed prior experience with these drugs, when first admitted; 3) over 80 percent came from southern counties of the state and nearly two-thirds from Los Angeles County; 4) the highest rates of narcotic involvement was for Mexican boys, followed by White and Negro boys; 5) involvement rates tended to increase with age.

127. The California Bureau of Criminal Statistics. "Narcotic Arrests in California," 1961.

The California Bureau of Criminal Statistics reported on arrest dispositions, covering a period of 9 months, October 1959 to June 1960, a total of 13,663 cases. They classified type of offense after reading the arrest report. If the facts pointed towards misdemeanor, it was classified on that basis, even though the formal charge might have been a felony. Additionally, those under the age of 18, were classified as juveniles, although they might have been prosecuted as adults. Here are some of the findings: 1) 80 percent of those arrested were sentenced to either jail or prison, most of them receiving short jail sentences; 2) only 45 percent of those arrested were convicted; 3) juveniles constitute 8.4 percent; 4) women constitute about 15 percent; 5) about 40 percent of those arrested were for use of narcotics; 6) about 45 percent were white, 30 percent Mexican, and 25 percent Negroes; 7) approximately 87 percent had prior criminal records, with 60 percent with prior narcotic records. The researchers point out that while a 45

percent conviction record seems to be low, narcotic arrests are often made although the arresting officers know that some will be dismissed in court. Similarly, a narcotics user being arrested for another crime might be dismissed from the drug charge when it becomes evident that he will be convicted for the other crime. Additionally, probationers and parolees arrested for the use of narcotics might be released to their supervisory officers for disposition.

128. The Narcotic Problem: A Brief Study. California, Department of Justice, Bureau of Narcotic Enforcement, 1964.

This 53 page pamphlet was prepared to give information on the narcotics problem in California. It gives historical background, classifies and describes the various drugs. There are chapters on the relationship of narcotics to crime, the use of narcotics by juveniles and their characteristics. One section deals with the treatment of drug addicts.

129. "Treatment and Control for Narcotic Addicts," Correctional Review, no vol., (September/October), 1965, pp. 37-39.

As a result of the work of a special study commission in California, a new program was recommended which involved civil rather than criminal commitment of addicts. The new system provides for two phases of treatment: inpatient treatment at the California Rehabilitation Center, Corona, followed by long-term outpatient supervision and anti-narcotic testing in communities. Outpatient status includes intensive supervision by a parole agent with a caseload of 20 clients, weekly group counseling sessions and, for some, residence in special half-way houses. A return to the institution for added residential treatment is not considered a failure, as most are returned as a result of the testing before a new addiction pattern is established. There are about 2,000 addicts under treatment in the Center and 1,000 former addicts on outpatient status. 30 percent of those released have succeeded in the community for at least a year, a better record than might have been expected on the basis of other large-scale programs. (4452)

130. Wood, Roland W. "New program offers hope for addicts," Federal Probation, Vol. 28, No. 4, 1964, pp. 40-45.

The California Rehabilitation Center program is a new research-based effort to control narcotic addiction by providing intensive group counseling, individual counseling, and programs of physical, vocational, and academic training. It is a program of civil commitment which includes volunteers and persons guilty of misdemeanors and felonies whose principal problem is addiction. For these addicts, the Center program offers hope, and for California, the program seeks to: (1) reduce the spread of addiction; (2) reduce addict crime; and (3) through research, develop more positive methods of treating addiction. Followup is vital and caseworkers, with small caseloads, help addicts find work, counsel and help them to bridge the gap to normal constructive community living. (1408)

2. Connecticut

131. Stamford (Connecticut), Training and Information on the Problem of Addicting Drugs Office. "A Community-wide Experimental Program on the Problem of Addicting Drugs," Stamford, May 1965.

In an attempt to continue the down trend in the use of opiates, Stamford has instituted an experimental rehabilitation program for drug addicts. Its

goals are to involve relevant disciplines and existing agencies in actively learning about addiction, to apply relevant skills to an analysis of the problem, and to develop a program which encompasses both treatment and long and short-term prevention. The program consists of the Office of Training and Information on the Problem of Addicting Drugs which encourages, facilitates, and assists efforts to extend the programs and services of the public and voluntary agencies to include drug addicts and to coordinate the city's activities at controlling drug addiction. A task force which consists of representatives of all major segments of community life will assist the Office of Training and Information. The task force's duties are adult and school education programs. The Narcotics Addiction Service is responsible for the research aspects and the evaluation of various experimental programs in the areas of treatment, prevention, and community education. (2977)

3. Maryland

132. Maryland, "Commission to Study Problems of Drug Addiction," Interim report, January 1966, Baltimore, 1966.

The problems of drug dependency have long been recognized, and the United States Government has expressed increasing concern with drug abuse. The Maryland Commission to Study Problems of Drug Addiction believes more decisive action is necessary. Maryland has made some progress in this area. The State Department of Correction, the Division of Drug Control, the Health Department, the Department of Mental Hygiene, the Department of Parole and Probation, and Narcotics Anonymous all contribute to the prevention of drug abuse and the treatment of addicts. However, existing information on drug abuse is inadequate and there is no comprehensive program in operation to work with the drug dependent. It is suggested that preventive services should include educational materials and early identification of the drug dependents; treatment should encompass a continuity of services adapted to different types of drug dependents; and a statewide inventory of drug users and more research concerning the psycho-social mechanisms of drug dependency are needed.

CONTENTS: Summary and recommendations; The problem; Definition, theory and effect of drug habituation, addiction and dependency; Drug agreements: international implications for the U.S.; United States: history, theory and present developments; Maryland: extent of problem and existing services; Selected programs (outside Maryland); Appendix: selected drug dependency terms and definitions, annotated Code of Maryland with laws focusing on drug dependency. (5054)

4. New York State

133. Goff, Donald H., Ohrenstein, Manfred, and Shelly, Joseph A. Narcotics Addiction and Treatment. Papers presented at the public hearing of the New York State Senate Committee on Mental Hygiene, New York City, April 24, 1965, New York, New York, The Correction Association of New York, 1965, various pagings. Mimeo.

These papers are knowledgeable reports of the narcotic addiction problem in New York. Mr. Goff's paper includes a statement of the Correctional Association of New York on the principles necessary to reduce the existing problem. A few of these principles are: (1) separation of professional dealers and users; (2) rehabilitation based upon combined medical, psychiatric, and sociological treatment; and (3) opposition to the dispensing of narcotics to addicts. Mr. Shelly's paper includes a description of the Daytop Lodge halfway house program. Senator Ohrenstein's paper states that the problem of narcotics addiction in New York State has reached crisis proportions. A list of witnesses who appeared before the committee is included. (1551)

134. Kuh, Richard H. "Civil Commitment for Narcotic Addicts," Federal Probation, Vol. 27, No. 2, June 1963, pp. 21-23.

This article discusses legislation passed March 1962, in New York State, dealing with drug abuse. It commits the State to a program which includes hospitalization for the addict followed by outpatient supervision. There are 2 types of commitments: 1) voluntary, and 2) the arrested addict may elect civil commitment followed by probationary supervision in lieu of criminal processing. Governor Rockefeller commented: "Many narcotic addicts under arrest whose more serious failing is their own tragic addiction will be given an opportunity...to become self-respecting and self-reliant members of society through State hospital treatment and rehabilitation."

135. New York (State), Investigation Commission. Recommendations of the New York State Commission of Investigation Concerning Narcotics Addiction in the State of New York. New York, 1966.

The New York Commission of Investigation undertook an inquiry into the problem of narcotics addiction in the State in order to assess its extent and its impact on the community in terms of crime and law enforcement; to examine existing programs dealing with addiction; and to offer recommendations for action. The one significant and uncontroverted fact which emerged from the inquiry was that its program of rehabilitation, which relies principally on the voluntary application of the addict for treatment, can be sufficiently broad and comprehensive to deal effectively with the total problem of addiction. The experience of the Metcalf-Volker Act of 1962 showed that the average street addict does not have sufficient motivation to stick with any long range rehabilitation program. In February 1966, the Governor of the State of New York sent to the legislature bills designed as an all-out attack on the problem of addiction and its attendant crimes. The proposed legislation embodies most of the recommendations for action which the Commission found necessary. Incorporated in this legislation are features which the Commission deems to be of prime importance: stiffer sentences for distributors and pushers; compulsory treatment, rehabilitation, and aftercare for addicts; and placing full operating responsibilities in a central authority. (4813)

136. New York (State), Parole Division. Recent Developments in the Treatment of Paroled Offenders Addicted to Narcotic Drugs, by Meyer H. Diskind, and George Klonsky. Albany, 1964, 133 p.

There is a great need for the authoritative approach in the treatment of paroled offenders with a history of narcotic addiction. Experience shows that the addict cannot be relied upon to initiate or complete treatment of his own volition because of a low therapeutic motivation and weak ego controls. In drug addiction sometimes there are different expectations on the part of the therapist and the patient. Because experience has taught that self-motivation is low, the special Narcotic Project found it necessary to impose external controls so they relied heavily on the authoritative element in the casework process. Great emphasis was placed by Project parole officers on vocational guidance and placement. Addiction hospitals were of inestimable value to the project. It was found that practically all the parolee-addicts were products of pathological family situations. One of the most disturbing results of the study is the apparent fact that we have failed to promote an increased degree of abstinence with most offenders who relapsed while on parole. But three studies did reveal that the average relapse took place five or six months after discharge from parole which is in itself a hopeful sign. (3286)

137. New York (State). War on Crime and Narcotics Addiction: a Campaign for Human Renewal. A special message to the Legislature, by Governor Nelson A. Rockefeller. Albany, 1966.

In New York State, the proposed program to reduce and prevent the major cause of crime, drug addiction, is based on accomplishing two central objectives: removing pushers from the streets, and providing up to three years of intensive treatment, rehabilitation, and aftercare designed to restore the addict to a useful drug-free life. In New York State in the last seven years, the groundwork for an all-out attack on narcotics addiction has been laid. Pilot treatment units have been opened at three State hospitals, 1962 legislation recognized addiction as the illness it is, eight treatment units have been opened, a special parole program has been instituted, new facilities for drug research have been established, and a special housing project for homeless addicts in New York City has been authorized. The time has come to act upon these initial measures. The four essential elements of the proposed program are: stiffer sentences for pushers; compulsory treatment, rehabilitation, and aftercare for addicts; centralization of operating responsibility under the New York State Narcotic Addiction Control Commission which will operate screening and diagnostic centers, control aftercare programs, and formulate a comprehensive plan for the prevention and control of addiction; and full mobilization of federal, State, and local resources. (5055)

138. The Quaker Committee on Social Rehabilitation, Inc. Symposium on Treatment of Narcotic Addiction, New York, October 28, 1964.

The New York City Health Department maintains what is probably the only confidential, non-subpoenable file on addicts in the country; in a 21-month period 16,000 cases have been reported, but it is conservatively estimated that there are about 30,000 addicts in the city. Of 12,000 inmates in New York City jails, five to seven thousand are estimated to be addicts. The Health Department maintains four rehabilitation centers, each with a different focus. (1) The Central Harlem Center, primarily an intake and referral center for addicts seeking detoxification. (2) The West Side Rehabilitation Center for addicts who have been detoxified. (3) A demonstration center to evaluate what effect compulsory treatment has on addicts. (4) A rehabilitation center in Queens for counseling and service, mostly for young addicts who work. The Quaker Committee hopes to establish a therapeutic community to which female addicts would be invited; a sheltered workshop will provide supervised vocational experiences and stress will be placed upon voluntary activity on the part of the addict. (557)

5. Pennsylvania

139. Pennsylvania Parole Board. Narcotics Addiction: A Response to Structured Strain, by Elizabeth Casper. Philadelphia (?), 1965.

To examine the etiology of drug addiction as an adaptive response to tensions inherent in life, 346 men, comprising the total population of addicts placed on parole in Philadelphia from December 1, 1959 to March 1, 1965, were studied. The following hypotheses were tested: (1) known addicts are predominantly minority group members of low social status; (2) they tend to remain in the same socio-economic group into which they were born; and (3) addicts with no criminal convictions other than for use, possession or sale of narcotics are of a lower social class than those with criminal convictions for drugs and for offenses other than drugs. Data were obtained on each addict at the time he was released

on parole through an interview by a parole agent. Information gathered included past criminal record, father's social class, addict's social class, race, and crime for whichever convicted. Examination of coded data substantiated hypothesis No. 1 and 2: of the 346 subjects, only twenty-five were Caucasian who themselves were from white minority groups; predominantly Italian and Jewish. About seventy percent of the addicts in all social class strata remained in the same social class. Of the 335 addicts for whom status and criminal conviction data were available only fourteen percent were "pure" addicts, the category representing retreatism as described by Merton. A greater number of lower-lower class addicts were found in both the "criminal addict" and in the "good time Charlie" categories than in the pure addict classification. Thus, hypothesis No. 3 must be rejected on the basis of these data; however, the finding that the greatest single group of lower-lower class addicts were in the "good time Charlie" group suggests that the original theory is correct. It is suggested that findings substantiate the theory proposed at the outset of the paper, namely that drug use allows the addict to forget or ignore the frustration he has experienced because of his failure to reach desired goals by culturally approved means. (1875)

140. Brill, Henry, M.D. and Larimore, Granville W., M.D. "Second On-Site Study of the British Narcotic System," (Reprint - New York State Narcotic Addiction Control Commission, Albany, New York, June 1967.)

This second report describes significant changes in the British addiction situation which are of interest to the New York State authorities' plans for treatment and control. Since 1958, there has been a significant increase in the number of addicts - from 350 to over 700. Almost half of them are young, male heroin users whose gregariousness plays an active role in the spread of the habit. Yet, the British addict is not a member of a minority group nor the product of poverty or s'ums. The cause of the change in the British narcotic picture was not clear to the authorities consulted by the two authors. But they are sure that it is not part of general recent increases in lawlessness and they speculate that increased amounts of leisure time and spending money "allow them to seek out unhealthy excitement and diversion - for which they seem to have a special craving." The authors state that of particular significance is the fact that a few physicians prescribe narcotics very freely, as many as 500 to 1,000 tablets at a time and some of these are resold on the black market and some given away to their addicted or non-addicted associates. The changes are of great interest because Britain has "sought to maintain a theoretically permissive attitude with respect to narcotic drugs" and "...it is clear that this basis of control is no longer sufficient."

141. Canepa, Giacomo. "La 'Necessita Curativa' Del Tossicomane Nei Suoi Aspetti Giuridici E Medico-Criminologici." (Legal and Medico-Criminological Aspects of the Treatment Used in Case of Narcotic Addiction.) La Scuola Positiva, Vol. 70, No. 2, 1965, pp. 268-277.

The Italian law of October 1954, No. 1041, made it a criminal offense for an authorized person (in most cases, a physician) to make narcotics available to another person without "treatment need" or in a quantity greater than that required by such a need. Whereas the declared objective of the law is to prevent the abuse of narcotics, its consequence is, on the contrary, that the treatment and social rehabilitation of narcotic addicts are obstructed by the very existence of that law. The physicians are being prevented from supplying narcotics to addicts which are necessary for treatment. The fact that narcotic addiction is a sickness should be recognized by law and its treatment organized and facilitated by the State. (5193)

142. Drug Addiction: The Second Report of the Interdepartmental Committee. London, H. M. Stationary Office, 1965.

The second Brain Committee convened in 1964 to consider whether the advice of the first report (1961) needs revision. From 1959-1964, the number of those addicted to dangerous drugs, known to the Home Office, grew from 454 to 753. There has been a change in the age distribution: in 1959, only 50(11%) out of 454 were under 35 years; in 1964, 297(40%) out of 753 were under 35 years and most of them taking heroin. The increase in drug addiction seems to be centered on London with a similar trend in one or two other large cities. The committee is disturbed by the increase in addiction, mainly among the young people (40 under the age of 20 are taking heroin) and they conclude that the main source of supply is the over-prescribing of drugs by a small number of physicians. They suggest that measures should be taken to restrict the prescribing of heroin and cocaine. They propose the establishment of special treatment centers, mainly in the London area, that there should be powers for compulsory treatment of addicts

in these centers and that prescribing heroin and cocaine to addicts should be limited to doctors on the staff of these treatment centers.

143. Gonzalez Carrero, Alfredo. "Las Toximanias," (Narcotic Addiction.) Policia Cientifica, Vol. 3, No. 9, 1965, pp. 29-42.

Narcotic addiction is defined as a periodic and chronic state of intoxication, dangerous for both the individual and society and motivated by a repeated consumption of a drug. Only in the 20th century has narcotic addiction become a serious problem and since its beginning, attempts have been made to regulate it on the international level. At the present time, narcotics trade is controlled by three United Nations agencies: Commission on Narcotic Drugs, Permanent Central Opium Board and Drug Supervisory Body. An international convention to that effect was adopted in 1961. The etiology of narcotic addiction refers to personality factors on the one hand, and to the circumstances of the contact with drugs on the other (addiction of therapeutic origin; addiction of physicians). The diagnosis of narcotic addiction must be considered from both the police point of view and the medical point of view: the former as to the potentiality of narcotic addicts to commit crimes, the latter as to their treatment and cure. (946)

144. International Narcotic Enforcement Officers Association. Sixth Annual Conference Report, September 26-October 1, 1965, Miami Beach, Florida.

Representatives from Mexico, Puerto Rico, Canada, and U. S. local, state, and federal law enforcement agencies considered the problem of drug abuse and narcotic addiction at the International Narcotic Enforcement Officers Association Conference in Florida in 1965. Differences of opinion were expressed as to whether to deal with addiction as a sickness or as a violation of the law. The problems discussed were the international traffic in drugs, deaths resulting from barbiturates, motor accidents resulting from drug use, organized crime and its profits from drug sales, the prevalent narcotics in use, the relationship between narcotic addiction and crime, the Drug Abuse Control Amendments of 1965, and different methods of law enforcement. Reports were presented of the various methods of treatment now being tried. (4824)

145. Puerto Rico. Mental Health Program Annual Report 1963-1964, Addiction Research Center, Rio Pedras, Puerto Rico.

The 1963-1964 report of the Addiction Research Center in Rio Pedras, Puerto Rico, includes a statement of the philosophy of treatment which underlies its program for the rehabilitation of narcotic addicts, and a detailed description of the various phases of this program. Statistical tables include summary data on the first 1,286 patients registered at the clinic from June, 1961 to June, 1964. (1386)

146. Schur, Edwin M. "Drug Addiction Under British Policy," The Other Side: Perspectives on Deviance. Becker, Howard S., ed., The Free Press of Glencoe, 1964, pp. 67-83.

Author compares British narcotics policy with the prevailing American policies towards addiction. The basic approach to the addict is non-punitive with doctors deciding when an addict is in medical need of drugs. This study is based on about 450 reported British addicts in 1959 and reports the following socio-economic characteristics: about 15% are in medical and related occupations; a large proportion comes from the middle and upper-middle class; most are over 30; an

almost equal distribution by sex; few were imprisoned for any kind of offense; there is little or no addict subculture and no perceptible geographical concentration of addicts.

147. Talukdar, A. R. "Prevention of Narcotic Offenses (Part Six)," The Detective. Vol. 8, No. 15, 1964, pp. 6-7.

Narcotic offenses in Macau, South Vietnam, and the Ryukyu Islands are discussed. In Macau, a Board of Anti-Narcotics centralizes and coordinates the efforts of all the public departments in fighting illegal use and traffic of narcotics. The Social Recuperation Center handles the treatment of addicts and the Board of Anti-Narcotics attempts to find employment for all ex-addicts. Heroin and morphine are the narcotics most used in Macau. In South Vietnam, since the legal Customs House distribution of opium was abandoned in 1955, drug traffickers have found opium smuggling a profitable trade. Most of the smuggling rings presently operating in Vietnam are well organized with definite and deliberate plans. The National Police is mainly responsible for the control, prevention, and detection of narcotic offenses. The Ryukyu Islands, which have only a slight narcotics problem, intend to establish a narcotic control organization to prevent future illegal importation of the drugs. (1690)

148. Talukdar, A. R. "Prevention of Narcotic Offenses (Part Seven)," The Detective. Vol. 8, No. 16, 1964, pp. 13-14, 17.

The smuggling of opium through East Pakistan has been reduced greatly since national independence was gained. Since 1958, opium has been legally sold to addicts holding ration passes. The number of addicts has continually decreased and addiction is expected to be eliminated by 1968. A Provincial Narcotic Committee has been formed to discuss and discover ways and means to prevent the misuse of narcotics. Heroin is unknown in East Pakistan, however, Ganja is smoked by laborers and fishermen. Production, procurement, and distribution of all narcotic drugs are controlled by the Excise Department of the government. (1692)

149. Talukdar, A. R. "Prevention of Narcotic Offenses (Part Nine)," The Detective, Vol. 8, No. 18, 1964, pp. 10-11.

Some suggestions for dealing with the problem of prevention of narcotic offenses are: (1) information on the routes of illegally distributed narcotics should be sent immediately to all countries involved; (2) rewards should be used in the gathering of information; (3) public opinion should be mobilized against narcotic offenses; (4) hospitalization of narcotic addicts; and (5) deterrent punishment for narcotic offenders. Some decisions agreed upon are: (1) information on narcotic smuggling should be added to the periodicals in the field; (2) drugs should have labels with pictures; (3) research on narcotics should be included in the periodicals; and (4) information should be exchanged promptly and on a police-to-police basis. (1694)

150. Wilkins, Leslie T. "A Behavioural Theory of Drug Taking," The Howard Journal of Penology and Crime Prevention, Vol. 11, No. 4, 1965, pp. 262-273.

The author is interested in developing a behavioural theory of drug addiction which would include drugs that are known now as well as those which may be developed in the future. The main objection to the use of drugs is their unauthorized use. Wilkins discusses the functions of information and control and that

"the image--the way things are perceived to be--" is more significant than the way things actually are. The way addiction is seen in England is different from the USA even though medical and control factors are similar in both systems, but the perception of the system and the variables involved in it are different. Thus, the variable "cultural difference" defines degree of addiction and determines the number of those considered to be addicts in England and USA by the following national differences: (1) image of drugs; (2) image of use of drugs; (3) image of the addict; (4) image of law enforcement agencies, such as police, etc.; (5) fewer actions defined as crimes in England and therefore fewer people defined as criminals; (6) balance between legitimate and illegitimate ways of obtaining drugs. A different set of beliefs (image) can account for the explanation (or theory). If a society can effectively control only those persons who perceive themselves to be members of that society, "then the surest and simplest, if not the quickest way for Britain to get a drug addiction problem similar in proportion to that of the U. S. would be to try to reduce the problem it now has by any repressive means, or indeed by any means which gave the opportunity for the 'image' of drugs...to change so as to generate a deviation--amplifying system."

151. Wilkins, Leslie T. "Some Sociological Factors in Drug Addiction Control." In Wilner, Daniel M., and Kassebaum, Gene G., eds. Narcotics, New York, McGraw-Hill, 1965, pp. 140-156.

A simple cause and effect model does not seem adequate for the study of addiction. Models involving the postulation of deviation-amplifying systems have become necessary in the explanation of economic behavior, and similar models might be applied to explain other types of satisfaction-seeking behavior. The images of drug use, of the addict, and of the policy in Britain are different from the corresponding images in the U. S. Small differences in the control system or in the perception of their control system can generate large differences in the image of addiction. Within certain quantitative limits, opportunities for obtaining drugs legitimately in Britain are greater than are the opportunities for obtaining drugs illegitimately. The reverse is true in the U. S., especially for the vulnerable groups. Even though Brill may be correct in assuming that there are no procedural differences between the U. S. and British control systems, the existence of different belief systems would be sufficient to result in differences in behavior. It is possible that British success in limiting drug use to a very small proportion of the population is built on very slender foundations, or at least on foundations which appear slender from the standpoint of a cause-effect model.

152. World Health Organization. Treatment and Care of Drug Addicts: Report of a Study Group. (Technical Report Series No. 131), Geneva, 1957.

An international group of experts reports on its assignment to study "the scientific knowledge and clinical experience on the treatment and care of drug addicts," in different cultural settings. The group emphasized that addicts are patients and that their treatment is a medical problem. Often, drug addiction is due to personality disorders, mainly "immaturity of character development, a narcisstic attitude,...the desire to escape from reality,...a low capacity for dealing with frustration, anxiety, and stress. They suffer frequently "from poor ego and superego development...with a certain tendency towards unreliability and untrustworthiness..."

153. World Health Organization. Treatment of Drug Addicts: A Survey of Existing Legislation, Geneva, 1962.

This is a comparative review of legislation and the varying types of control and treatment of drug addiction in 26 member countries.

XI. ON-GOING PROJECTS.

154. An Experimental Discussion Group For Minor Inmates Of The Westchester County Penitentiary.

DATES: Began February, 1964. Continuing.
PERSONNEL: Alvin Yapalater; Robert M. Little.
AUSPICES: Westchester County Penitentiary.

CORRESPONDENT: Robert M. Little, Westchester County Penitentiary, Box 300, Valhalla, New York.

SUMMARY: The population involved in this project is male, 16 to 20 years of age, and sentenced to the Westchester County Penitentiary, Valhalla, New York. The majority of those who have participated are drug or barbiturate users. We have instituted a discussion group for these boys because we hypothesize that attempts to help them understand their own motivation through peer group interaction and guidance by a professional social worker, will strengthen whatever desires they have to integrate or re-integrate themselves in their communities. We also wish to understand the personalities of these youngsters and the causes of their early start in the misuse of drugs. Not all participants have been drug users, but we find that an "all drug" group has better cohesion and seems to achieve better rapport with the professional, than a heterogeneous group (a group sentenced for burglary, disorderly conduct and/or drug misuse). The group method has proved valuable, not only because it can accommodate more inmates than individual therapy, but especially because it provides an opportunity for these boys to interact with others for a positive goal (self-help). This is something that was either non-existent, or was done only on an anti-social basis prior to sentencing. (P 27)

155. Group Therapy With Narcotics Addicts.

DATES: Began February, 1964. Continuing.
PERSONNEL: Alvin Yapalater; Daniel Dervin; Joseph Potter
AUSPICES: Westchester County Penitentiary.

CORRESPONDENT: Joseph F. Potter, Correctional Psychologist, Westchester County Penitentiary, Box 300, Valhalla, New York.

SUMMARY: The population for this project consists of male drug addicts between the ages of 21 to 35. For the most part they are residents of Westchester County. Their source of supply, however, is New York City, and the addicts are acquainted with other addicts from this area.

Group therapy with addicts has been done before and the findings have not been conclusive. However it was felt that in the light of the findings from Lexington, Kentucky, regarding the success with patients from a defined geographical area, group therapy would be worth investigating with a select population. The group method is used because more patients can be accommodated and because the group tends to influence the addict to a high degree both positively and negatively. One of the answers to addiction seems to be in the area of group functioning e.g. Synanon, Teen Challenge, Narcotics Anonymous. It was felt therefore that by forming a group, various aspects of these programs could be tested and the results evaluated. (P 28)

156. Group Psychotherapy For Drug Addicts And Sex Offenders On Probation.

PERSONNEL: Joseph J. Peters; Lance Wright; Joseph Steg; James Pedigo; Jack Weinstein; Nicolas Bush; Harvey Resnick; J. Paul Hurst.
AUSPICES: Philadelphia General Hospital.
DATES: Began 1955. Continuing.

CORRESPONDENT: Joseph J. Peters, M. D., 111 North 49 Street, Philadelphia, Pennsylvania, 19139.

SUMMARY: Convicted drug addicts and sex offenders, who have been placed on probation by the Courts, are given weekly group psychotherapy by a Board Certified Psychiatrist under the auspices of the Philadelphia General Hospital. In the ten years since this program's inception, approximately 1,000 patients have been treated at a rate of 100 new cases a year. The patients range from seventeen to seventy years of age, most are non-white, have less than a high school education and have no steady employment. The patients are treated in one of five homogeneous groups selected according to offense: paedophiles, exhibitionists, rapists, homosexuals, drug offenders. Each group is assigned fifteen members and since attendance averages seventy to eighty percent, approximately twelve peers meet once a week for ninety minutes to discuss their common problem in the presence of the psychiatrist. Any problem with authority is by-passed. The core group transmits expectancies. Denial and projection are overcome. (P 323)

157. A Home For The Treatment And Rehabilitation Of Female Alcoholics And Drug Addicts.

PERSONNEL: Dr. Glatt; Roderick Macdonald; Virginia Water; F. N. Goggs.
INSTITUTIONS: Spelthorne Saint Mary, England.
DATES: Project received at ICCD, October, 1966.

CORRESPONDENT: The Sister Superior, C.S.M.V., Spelthorne Saint Mary, Thorpe, Egham, Surrey, England.

SUMMARY: Spelthorne Saint Mary is used both privately and by hospitals and the Probation Service as a home for the treatment and rehabilitation of female alcoholics and drug addicts. Patients are treated by withdrawal of alcohol or drugs with appropriate safeguards. Narcotic addicts undergo tapered withdrawal with methadone. Massive vitamin therapy and modified apomorphine-therapy are used. The services of a group therapist, a consulting psychiatrist and a visiting physician are utilized. Ex-patients visit Spelthorne Saint Mary for weekends and are kept in touch by correspondence and quarterly meetings. (P 991)

158. Matsqui Institution.

PERSONNEL: (Not given)
INSTITUTIONS: Matsqui Institution, British Columbia, Canada.
DATES: Began March, 1966. Continuing.

CORRESPONDENT: J. Moloney, Warden, Matsqui Institution, Box 2500, Abbotsford, British Columbia, Canada.

SUMMARY: The Matsqui Institution is a Canadian Penitentiary planned to accommodate approximately 300 male and 150 female addicts. It is a specialized institution in that its population will be limited to narcotic addicts who have been sentenced by the courts to imprisonment for terms of two years or more. It will have an intensive training program and it is hoped that the normal method of release from the institution will be through parole under intensive supervision. Provision has been made for an inmate-staff ratio of approximately 1.33 to 1 with a high proportion of professional and semi-professional staff. The first inmates were received March 1, 1966. (P 697)

159. Washington Heights Rehabilitation Center - Narcotics Addiction Demonstration Project.

PERSONNEL: Leon Brill; Harold Alkane; Louis Lieberman.
INSTITUTIONS: National Institute of Mental Health; New York City Department of Health; New York City Community Mental Health Board; New York City Department of Probation.
DATES: Began September, 1964. Estimated completion June, 1967.

CORRESPONDENT: Leon Brill, Director, Washington Heights Rehabilitation Center, New York City Department of Health, 540 West 135th Street, New York, New York, 10031.

SUMMARY: The Washington Heights Rehabilitation Center project seeks to evaluate the functioning of a community-based, family-centered rehabilitation-action program investigating the use of selected techniques in the treatment of narcotic addicts. Center workers stress the use of two techniques: "rational authority" and "reaching-out." Patients are referred to the Center through the New York City Department of Probation, which collaborates in the joint management of the patient's rehabilitation process with the Center's workers. Approximately 200 addicts are involved, 100 in the Heights' experimental group and 100 in a control group having supervision from a special narcotics unit within the Department of Probation only.

The Center will evaluate behavioral changes for both groups of addicts in areas related to program evaluation and program goals (e.g., alteration of drug use pattern in the direction of abstinence, modification of attitudes and bahaviors of the addict in work, social activity, family, criminality, drug use, etc.). Follow-up interviews of an extensive character are administered by the research staff periodically throughout the course of the project.

In addition, data are being gathered on the Center's experimental group only (Group I), on a daily and monthly basis, concerning the extent and types of activity which the patient and rehabilitation workers share, the character of the patients' personal adaptations and the pattern of recidivism to narcotics use if such is present. Findings will be reported after the termination of the experiment in June, 1967. (P 937)

XII. ADDENDA.

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